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ABSTRACT

Parents' preferences for day care services are compared with the major types of existing day care. Survey data on the types of services parents prefer is first summarized. Then the major types of available day care are described. Finally, each type of care is evaluated on the basis of available data concerning parents' satisfaction with and preference for each type of care as a whole, as well as their attitudes toward individual features of each type of care. The purpose of this evaluation is to provide the federal government with some of the information needed to select and design the delivery system that will expand the nation's supply of day care. Existing data on parents' preferences is not adequate in all areas to be considered. More research into differences in preference among population groups and into the details of those preferences would seem necessary in order to tailor the expanded day care services to individual communities and thus, to assure maximum use nationwide. Three appendixes and a reference list accompany this report. (For related documents, see PS 005 969-976, 978-983.) (Author/AL)

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This report is submitted to the Office of Economic Opportunity by the Day Care Policy Studies Group in fulfillment of Contract B00-5121.

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Final Report-Part VII

Types of Day Care and Parents' Preferences

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Approved for
INSTITUTE FOR INTERDISCIPLINARY STUDIES

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Director

FOREWORD

This final report is submitted to the Office of Economic Opportunity by the Day Care Policy Studies Group in fulfillment of Contract B00-5121. This report presents the research undertaken by the Day Care Policy Studies Group and does not necessarily represent the policies or positions of the Office of Economic Opportunity.

The final report is presented in two sections; Part I Alternative Federal Day Care Strategies for the 1970's: Summary Report, and Parts II through X, supporting appendices to the summary report. The following separately bound volumes are included:

Parts: I Alternative Federal Day Care Strategies of the 1970's: Summary Report

II Volume 1 Child Care Programs: Estimation of Impacts and Evaluation of Alternative Federal Strategies

Volume 2 Appendixes to Child Care Programs: Estimation of Impacts and Evaluation of Alternative Federal Strategies

Volume 3 Measurements of Impacts of Child Care Programs

III Existing Day Care Legislation

IV Volume 1 Costs of Day Care

Volume 2 Appendix to Costs of Day Care: Proceedings of a Workshop

V Challenges in Day Care Expansion

VI Public Opinion Toward Day Care

VII Types of Day Care and Parents' Preferences

VIII Future Trends Affecting Day Care and Preschool Education

IX Volume 1 Training Programs for Child Care Personnel

Volume 2 Appendix to Training Programs for Child Care Personnel

X Volume 1 Day Care: An Annotated Bibliography

Volume 2 Bibliography Supplement for September, October, and November 1971

Volume 3 Bibliography Supplement for December 1971

In addition to this final report and supporting technical appendixes, the Day Care Policy Studies Group has provided the following supporting documents to the Office of Economic Opportunity in fulfillment of this contract.

An Explication of Some Alternative Federal Day Care Strategies for the 70's

Potential Impacts from Child Care

Considerations in the Evaluation of Alternative Funding Mechanisms for Day Care Services

The Effect of Present and Proposed Tax Deductions for Child Care

Emerging Findings and Implications for the Implementation of the Day Care Provisions of H.R.1 and OEO R & D in Day Care

Pending Federal Legislation Pertaining to Day Care

Review of Pending Day Care Legislation

Benefit/Cost Analysis of Day Care Programs Under a Family Assistance Plan

The Public's Opinion of Day Care

Paraprofessionals in Day Care

Some Implications of the Provision of Day Care Services

Day Care: An Annotated Bibliography Monthly Supplements

Questions Relating to the Federal Role in Day Care (Unpublished)

Evidence of Interest by States and Local Governments in Implementing Day Care and Preschool Educational Programs (Unpublished)

ABSTRACT

This paper analyzes survey data on parents' preferences for the various types of day care that exist as well as for individual day care services. Each of the major types of day care is analyzed according to what is known about parents' preferences, their special concerns and their priorities for day care services. Most children of working parents are cared for in their homes and/or by relatives, and most parents are well satisfied with this arrangement. Parents are somewhat sceptical about care in the homes of others by non-relatives, fearing that the arrangements may be unsafe or unstable. It is not clear whether these same anxieties apply to family day care homes; the image of this form of care seems to vary from community to community.

Many working parents have expressed an interest in changing from their present form of care to care in a center, and an equal number of non-working mothers say that if they went to work they would prefer to have their children cared for in centers. Nonwhite mothers are especially interested in centers, because they are particularly attracted by the advantages of a preschool educational program for their children.

Many parents would like highly qualified staff, educational and medical services for their children. However, closeness to home and low cost are particular concerns for low-income families. A system of support services, staff training and quality control is proposed for the types of day care that seem best able to meet parents' needs for low cost care close to home, so that these convenient types of care may also satisfy parents' concern for their children's educational development and health.

TYPES OF DAY CARE AND PARENTS' PREFERENCES

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1.0 INTRODUCTION

This paper compares parents' preferences for day care services with the major types of existing day care. Survey data on the types of services parents prefer is first summarized. The major types of available day care are then described. Finally, each type of care is evaluated on the basis of available data concerning parents' satisfaction with, and preference for, each type of care as a whole, as well as their attitudes toward individual features of each type of care.

The purpose of this evaluation is to provide the federal government with some of the information needed to select and design the delivery system that will expand the nation's supply of day care. Part V of this report, "Challenges in Day Care Expansion," suggests three possible government approaches to day care expansion: (a) to depend upon consumer choice and the operations of the private market; (b) to depend upon consumer choice accompanied by assistance to the private market; (c) to construct and operate facilities for use by eligible families. In evaluating alternative approaches, an important consideration would be whether the approach could supply the mix of services that may be expected to lead to maximum utilization.

The mix of services that would be most utilized would depend largely on the extent of parents' preferences for various types of day care and individual services. Once an approach had been decided upon, parents' preferences would also be important in making implementation decisions. Decisions about the kinds of assistance to give to the private market, or the kinds of facilities to construct,

would be based in part on the services and features which are most expected and desired by parents.

Unfortunately, existing data on parents' preferences is not adequate to make detailed statements about the preferences of specific groups of parents. For example, research shows that preferences vary significantly in different regions of the country and even in different neighborhoods within the same community; however, existing survey data is not sufficient to predict demand in any one neighborhood or for any specific income, social and ethnic groups. Survey data is also insufficient to supply many significant details about parents' day care preferences. For example, it is clear that one-third of all parents would like care in centers for their children, but it is not clear what their attitudes are toward the type of sponsorship of the centers. Parents are concerned with well qualified caretakers, but no data exists on how parents perceive the qualifications of child care personnel. Many parents of preschoolers would like an educational program to be provided in connection with day care for their children; however, the data furnishes no details about the kind of education desired.

Day care must ultimately be provided to individual children in particular neighborhoods. Thus, expanding day care services in any one community will require an understanding of the nature of the demand for services in that community. More research into differences in preference among population groups and into the details of those preferences would seem necessary in order to tailor the expanded day care services to individual communities and thus to assure maximum utilization nationwide.

2.0 APPROACH

This paper uses two approaches to determine parents' preferences for child care services. The first approach is to compare the popularity of the different types of existing day care, taking each type as a whole. The second approach is to examine parents attitudes toward individual features of day care services.

Survey data -- on the extent to which each kind of day care is used, on parents' satisfaction with the type of care their children receive, and on the kind of service mothers would prefer to use -- are important in evaluating the potential utilization of each type of day care. Such a comparison of current practices and preferences gives information about the relative desirability of such broad categories of services as family day care or center day care. However, such data do not tell which particular features of a day care method make it appealing or unappealing to mothers. It is therefore instructive to look at individual factors that working mothers use in evaluating day care services, whether or not these are characteristic of any particular method. A specific characteristic, such as "closeness to home," may be critical to mothers in choosing or not choosing a particular day care service. Such a critical factor may not be associated more with one method than with others, or it may be the key feature that makes one method of care more desirable to mothers than the others. If such factors are known, there may be ways of incorporating them into kinds of service in which they are not currently found. For example, if mothers prefer family day care primarily because it is close to their homes, center care may be made equally desirable to them if it can be made equally convenient.

Table 1. Summary of Surveys of Child Care Arrangements

National Surveys

Publication Continuing Survey	Abbreviated Survey Title* and Year Survey Took Place	Population Sampled	Sample Drawn
Child Care and Working Mothers Ruderman, 1968	Ruderman, 1962	Working and non-working mothers, United States	7 communities not scientifically selected, but representing a range of demographic characteristics. 976 working, 2891 non-working mothers.
Child Care Arrangements of Working Mothers in the United States Lowe and Spindler, 1965	Lowe and Spindler, 1965	The noninstitutional, civilian population of the United States.	Sample of the Current Population Survey of 1965. Approximately 35,000 occupied households, selected from 375 areas, 701 counties and cities.
Day Care Survey-1970 Westinghouse Learning Corporation and Westat Research, Inc., 1971	Westat, 1970	U.S. families with annual income below $8000 during 1970	1812 households, children under 9, working and non-working mothers.

* The abbreviated title and year the survey took place, rather than publication date, will be used in this report to refer to the survey.

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Table 1. Summary of Surveys of Child Care Arrangements (Continued)

State or Community Surveys

Publication Continuing Survey	Abbreviated Survey Title and Year Survey Took Place	Population Sampled	Sample Drawn
Child Care Data Extract, Mathematica, Inc., 1971	Vermont-FAP, 1971	All households in Vermont	12,781 households; low income families (FAP eligibles) with children under 12.
Who Care for the Children? Synergetic Systems, 1970	Olmsted County, 1970	Olmsted County, Minnesota - includes Rochester	100 working mothers with child age 0-5, randomly sampled, but high average income.
Assessment of Day Care Services and Needs at the Community Level, Zamoff, 1971 (a)	Urban Institute (a), 1970	Model City neighborhoods (Upper Shaw and Trinidad) of Washington, D.C. and in Montgomery County (middle class)	341 neighborhood residents working and non-working, with child age 0-5. Sample not random; respondents were solicited through advertising.
Assessment of Day Care Services and Needs at the Community Level, Zamoff, 1971 (b)	Urban Institute (b), 1971	Residents of Mt. Pleasant Neighborhood of Washington, D.C.	232 randomly selected parents, working and non-working, with child are 0-5.

Table 1. Summary of Surveys of Child Care Arrangements (Continued)

State or Community Surveys (Continued)

Publication Continuing Survey	Abbreviated Survey Title and Year Survey Took Place	Population Sampled	Sample Drawn
An Evaluation of WIN Child Care Arrangements in Jefferson County, Louisville, Kentucky, Bojanowsky, 1970	WIN Survey, 1970	All WIN participants in Jefferson County, Kentucky	102 mothers with 325 children. One-fourth were not randomly selected, represented "problem families". The rest randomly selected.
Analysis of a Survey of Current Child Care Practices, Parental Needs and Attitudes in Massachusetts, Mass. Early Education Project, 1971	Massachusetts, 1970	All Massachusetts families with children 0-6, working and non-working mothers	500 randomly selected families.
Day Care - Planning to Meet Community Needs, Hennepin County, 1971	Hennepin County, 1970	All households, Hennepin County, Minnesota - including Minneapolis	809 randomly selected families with children under 12.

Attitudes of mothers toward the services that they are currently using may provide the most realistic assessment, since such attitudes are based on experience. However, it is also obviously important to understand the desires and preferences of non-working mothers if day care is to help them enter the labor force. It may well be that these mothers have different preferences for day care services than mothers now using day care services.

2.1 Current Utilization of Day Care

Ten surveys of child care arrangements were reviewed to determine their overall implications for parents' day care preferences. The populations and samples for each survey are summarized in Table 1, "Summary of Surveys of Child Care Arrangements."

Three nationwide surveys have been reviewed: (Ruderman, 1962), (Low and Spindler, 1965), and (Westat, 1970).* The two earlier studies are included for purposes of comparison and because they analyze some relations in greater detail than the Westat study.

Seven surveys conducted in states, counties, or individual communities have also been reviewed. These surveys help show the variety of patterns of utilization and preference for child care that exist in different communities and among different income and racial groups. In addition, these surveys sometimes include questions or analyze relations that are not considered in the national surveys.

Some of the surveys did not adhere strictly to scientific sampling

*Surveys will be referenced in this report by means of author or abbreviated title and the date of the survey, not of the publication, to avoid confusion. Full titles are found in Table 1, and references are listed at the end.

Table 2. National Surveys of Current Utilization

Westat, 1970

	Total		Age of Child					
			Under 2		2-5		6-10	
	000's	%	000's	%	000's	%	000's	%
In home (total)	2432	61.1	260	50.7	665	46.7	1087	70.0
Father	751	18.9	110	21.4	267	18.8	289	18.6
Sibling	473	11.9	22	4.3	63	4.4	281	18.1
Other relatives	638	16.0	92	17.9	210	14.7	250	16.1
Non-relative	310	7.8	36	7.0	114	8.0	137	8.8
Neighbor								
Babysitter								
Maid								
Child Cares for self	260	6.5	0		11	0.7	130	8.4
Out of home (total)	1411	35.6	210	40.9	710	49.9	430	27.7
Relatives	583	14.7	113	22.0	204	14.3	230	14.8
Babysitter or Neighbor	63	1.6	0		22	1.5	35	2.3
Family day care home	501	12.6	88	17.2	278	19.5	124	8.0
Nursery school or center	237	6.0	9	1.8	206	14.5	20	1.3
After school recreation	27	0.7	0		0		21	1.4
Care by mother at work	134	3.4	43	8.3	49	3.4	36	2.3
Other								
Total-%		100.1		99.1		100.0		100.0
Total-N	3977		513		1424		1553	

of Day Care by Type of Arrangement

11-13		Low & Spindler, 1965						Ruderman, 1962
		All working mothers Children 0-13		Full-time working mothers		Part-time working mothers		
000's	%	%	N	Total %	Child 3-5	Total %	Child 3-5	
420	86.2	63.1			48.8	55.5	50.3	70
85	17.5	17.5	1828	55.5	10.9	22.5	25.1	23
107	22.0							12
86	17.7	25.0	2607	27.2	18.5	19.6	15.6	17
23	4.7	11.1						11
								3
		5.6	581	5.8	9.8	5.0	7.0	3
		5.5	575	6.9	9.3	2.0	1.7	5
119	24.4	9.5		10.8	.3	6.4	.9	7
61	12.5	21.0		25.3	44.3	10.6	17.3	27
36	7.4	9.1	953	10.8	14.9	5.0	9.1	12
6	1.2							
		9.4	979	11.3	19.7	4.7	6.7	11
11	2.3							
2	0.4	2.5	265	3.2	9.7	.9	1.5	3
6	1.2							1
6	1.2	15.3	1594	7.8	7.0	33.5	32.4	3
		.6	63	.7	-	.4	-	
	99.9	100.0		100.0	100.1	100.0	100.0	
487	100%		10,440					1183 arrangements (950 mothers)

Table 2

Table 3. State and Community Surveys of Current Utilization of Day Care

	Olmsted County, 1970	Hennepin County, 1969	Massachusetts, 1970	Urban Institute (b), 1970		Vermont-FAP, 1971	WIN, 1970
				under 3	3-6		
	%	%	%	%	%	%	%
In home (total)	46	69.9	48.7	70.8	80.2	81	50
Father	23	11.2	17.9				
Sibling	9	35.7		25.8	40.2		
Other relatives							
Non-relative	13			45.0	40.2		
Neighbor			30.8	31.5*	28.0*		
Babysitter		14.4		13.5	12.2		
Maid		1.5					
Child cares for self	.70	7.1					
Out of home (total)	47	30.1	51.3	30.1	19.5	19	45.6
Relatives	8					16	
Babysitter or Neighbor	30	25.6		20.2	11.0		39.7
Family day care home	9	1.2		9.9	8.5		1.2
Nursery school or center	8	2.8		0	0	3.0	5.8
After school recreation		.5					
Other	1						4.4

* Not clear whether this meant in or out of home.

techniques. For example, the Ruderman study (1962) solicited participation from interested communities. Deviations from probability sampling are noted in Table 1 under "sample drawn" and have been taken into consideration in the following analysis.

The major question underlying studies of current utilization or preference for child care is the extent to which parents are willing to entrust their children to non-relatives outside their homes. This question is interesting from several points of view. It is related to the degree of adherence to traditional values about child-rearing. Care in the child's own home, and/or care by a close relative is as close to care by the mother as possible. Extensive use of such care seems to reflect a reluctance to entrust the care of one's child to a stranger in unfamiliar surroundings. Therefore, parents' utilization of care outside the home and care by non-relatives and their attitudes toward such care may have important implications for policy makers. Even if these arrangements consist of informal baby-sitting, they may indicate parents' willingness to accept the kinds of group care that might be offered with government aid.

Nine surveys of current utilization of a variety of types of child care are summarized in Table 2, "National Surveys of Current Utilization of Day Care by Type of Arrangement," and Table 3, "State and Community Surveys of Current Utilization of Day Care by Type of Arrangement." Surveys of current utilization are usually tabulated according to whether care is inside or outside the home and whether the caretaker is a relative or non-relative. Group or center care have been included in Tables 2 and 3 as part of out-of-home care by non-relatives. "Child cares for self" was included, somewhat arbitrarily, under "Care in the home." "Care by mother at work" was included as a separate category, since the mothers' work could be in or out of the home.

Elementary school was tabulated in some surveys as a form of day care. However, to permit uniform presentation of survey results, this form of care was not included, and percentages were re-calculated excluding this form of care. Therefore, percentages shown are not always exactly the same as those published in the surveys.

Table 2 gives the results of the three national surveys, (Westat, 1960), (Low and Spindler, 1965) and (Ruderman, 1962). Overall results of the three studies suggest that about two-thirds of all day care arrangements are in the home and that about two-thirds of all caretakers are relatives. About one-fourth of the care in the home is provided by non-relatives, or the child cares for himself; about one-fourth of the care outside the home is also by non-relatives, whether a baby-sitter, a day care home, or a center. Formal group care accounts for a relatively small percentage of present arrangements. The largest estimate, and the most recent, is that about 12% of children are in family day care homes and 6% in day care centers.

The three studies may show a trend toward increased use of day care centers over time, since the 1962 study shows 3% usage of such centers, the 1965 survey 2.2%, and the 1970 study 6%. However, these differences might also have resulted from sampling procedures.

The results of the Westat and the Low and Spindler studies are remarkably similar, considering the five-year time lapse between them and the difference in populations sampled. (Westat was limited to families earning $8,000 or less per year, while Low and Spindler surveyed all income groups.) The proportion of in-home to out-of-home care found by the two studies was approximately 61%. The different percentages of out-of-home care found by the two studies -- 35.6% for Westat and 20.8% for Low and Spindler -- may be accounted for by the large percentage of mothers in the latter study who cared for their children while working. A possible reason for this large percentage is that areas

outside Standard Metropolitan Statistical Areas (SMSA's) were under-sampled in the Westat survey, and Low and Spindler found that outside SMSA's, more than twice as many mothers care for their children while working. Rural occupations may be more conducive to this type of care.

Other differences between the two studies seem to reflect income differences in the samples used. Care by relatives, whether in or out of the home, was greater for the lower-income Westat population. Care by relatives has been shown in several studies to be more popular among low-income families.

Results of the Ruderman study are not too dissimilar from those of the later surveys, considering the difference in time and sampling procedures. The larger percentage of care in homes may result from the fact that the Ruderman sample included a somewhat disproportionate number of upper income families, who have a tendency to use more in-home care than average.

Overall results of the national surveys may be misleading, since patterns of utilization are quite different for different groups of families and children. Some surveys have analyzed some of these differences. Westat analyzes patterns of utilization according to the ages of children being served. Low and Spindler present breakdowns by age of children but also analyzes the relationship of the type of child care to mothers' part- or full-time employment, family income, mothers' education, etc. Ruderman does not include age breakdowns or analysis for full- or part-time employment but does analyze effects of race and socio-economic status on utilization of child care. These demographic variables will be discussed later; tables concerning them are included in Appendix A.

The age of the child to be served has a significant effect on the kind of care parents choose. More pre-schoolers are cared for

outside the home than older children according to Westat and Low and Spindler. A major part of this difference is accounted for by the finding that older children are more often left alone or in the care of siblings than are children under five. The pre school age group also shows the largest usage of group care, either in family day care homes or in centers. Westat shows that this age group comprises nearly 20% of children in family day care homes, and 15% in centers.

Differences in utilization of types of child care are clearly affected by whether the mother works full or part time, and by income, race and other demographic variables. It cannot be ascertained from these data whether reasons for these differences are to be found in cultural differences that affect preferences, or differences in life circumstances that affect the availability and suitability of various kinds of child care. Probably both cultural and situational factors are at work.

Income differences affect the location of child care arrangements and the choice of caretaker, according to both the Ruderman study and the Low and Spindler study. Poor mothers use care outside their homes considerably more often than higher income mothers. Full-time working mothers with incomes of $3,000 or less use care in the home 43% of the time, compared with 51% for mothers with incomes of $10,000 or more.

Poor families are more likely than well-to-do families to choose relatives as caretakers, whether the relatives live with the family or outside the home. However, due to the large number of female heads of households among the poor, the caretaker is less likely to be the father than among well-to-do families.

The findings concerning the overall relationship of income to child care reflect mainly the pattern of the white majority.

Although nonwhite families have a lower average income than white families, they use considerably more out-of-home day care. Income differences have opposite effects on white and nonwhite families. Lower- and middle-income nonwhite families use considerably more care in the home (43%) than nonwhite families with incomes over $10,000 (32%). Among white families in poverty, 37% use in-home care, compared with 47% of high-income families. However, the same tendency to use more nonrelative caretakers as income increases is present in nonwhite as well as in white families. (Percentages are from the Low and Spindler survey.)

The effects of demographic characteristics on nationwide patterns of child care provide an interesting background for the examination of state and community surveys. Table 3, "State and Community Surveys of Current Utilization of Day care," shows that overall utilization patterns in these surveys vary widely from each other and from the national surveys. The smallest percentage of in home care was found in a sample of working mothers of preschool children in Olmstead County, Minnesota. (Although this was a random sample, the population had a mean income of about $13,000.) The finding of 47% of care outside the home is comparable to Westat's and Low and Spindler's findings for parents of preschoolers. However, one would expect more in-home care due to the high-income sample. A similar distribution between in-home and out-of-home care was found in a Massachusetts study of all parents of children under six (Massachusetts 1970) and a study of WIN trainee mothers, who were at the opposite end of the income scale from the Olmstead County mothers. As already observed, nonwhite families tend to use more out-of-home care. The predominance of black mothers in the WIN sample may help explain the large proportion of out-of-home care. Also, all mothers were aided by a social worker who might have helped them locate care outside the home.

Utilization patterns in Hennepin County showed a pattern similar to the Ruderman study, including a somewhat higher than usual rate

of in-home care. An even higher rate, 81%, was found in the Vermont Family Assistance Plan survey, of which almost all was given by relatives. The tendency for low income families to use relatives as caretakers more often than upper income families has been noted. Race percentages were not published.

A surprising finding came from an Urban Institute study (1971a) of a predominant black, middle income community; 80% of children between three and six were cared for in the home. However, this may be the consequence of a confusing survey question about care by relatives that left it unclear whether the care was in or out of the home. No children in the sample attended day care centers. One possible reason that families in the community preferred caring for their children in the home was the lack of adequate group care facilities in the area.

A Hennepin County, Minnesota, survey provides some additional data suggesting that child care patterns vary widely among different neighborhoods in the same city. In-home care (including a large percentage of children caring for themselves) varied from 49% to 86% in five divisions of the county. The Ruderman study showed wide variations among communities in different parts of the country. Thus, overall national patterns cannot be used to predict those of individual communities. Further study of the interaction of race, income family size, education, etc., with the type of day care used by families may make it possible, in the future, to predict present patterns and future needs for individual communities.

2.2 Parents' Satisfaction with Current Child Care Arrangements

The great majority of parents express satisfaction with their present mode of child care. Following is a list of survey findings of the overall percentage of parents who stated that they were

"dissatisfied," "not very well satisfied," or that their arrangements were "poor." (Some surveys discussed in the previous section did not include questions on satisfaction.)

Westat	9%
Low and Spindler	7.6%
Ruderman	14%
Olmstead County	0%
Urban Institute (a)	45.5%
Urban Institute (b)	
child under 3	7.9%
child 3 - 6	4.9%
Vermont FAP	11%

The large percentage of dissatisfied parents in the first Urban Institute study may result from that study's sampling procedure. Respondents were solicited through leaflets and newspaper advertisements. Parents who were most concerned about the quality of care available in their community were probably most interested in participating in the study.

Several studies included a breakdown of the degree of parents' satisfaction with the type of arrangement they used for their children. These are summarized in Table 4, "Levels of Satisfaction for Each Day Care Arrangement by Type of Arrangement." Survey results are grouped into three columns in Table 5, representing three levels of satisfaction. In order to facilitate comparisons, percentages in the "satisfied" column are ranked from least to most satisfying. Percentages in the "unsatisfied" column are ranked from most to least dissatisfactory. (Thus, both columns are ranked from "worst" to "best.")

Table 4. Levels of Satisfaction for Each

	HIGHLY SATISFACTORY				MODERATELY
	Westat		Ruderman		Westat
	"Very well satisfied"		"Low dissatisfaction" or "none"		"Pretty well satisfied"
	%	Rank	%	Rank	%
Mother watches at work	41.8	2	60	5	19.4
Child cares for self	38.1	1	58	3	38.8
In home care	74.1				10.6
Father	79.6	10	71	8	3.6
Sibling	58.0	4	59	4	22.6
Other relatives	80.5	11	80	9	10.2
Babysitter	72.6	7	81	10	10.0
Maid			57	2	
Out of home care	67.0				13.2
Relative	67.0	6	67	6	12.3
Non-relative	74.6	8	69	7	11.1
Day care home	60.8	5			15.8
Day care center	78.1	9	83	11	10.1
Before and after school programs	51.9	3	55	1	0
Total	68.1				13.5

Table 4

Day Care Arrangement by Type of Arrangement

SATISFACTORY			DISSATISFACTORY				
Ruderman	Westat		Ruderman		Low-Spindler		Westat
"Moderate dissatis-faction"	"Not very well satisfied"		"High dissatis-faction"		Percent reported "unsatisfactory"		"No answer"
%	%	Rank	%	Rank	%	Rank	%
33.0	26.9	1	7.0	7	4.9	6	11.9
17.0	11.9	4	35.0	1	9.7	1	11.2
	5.8				5.3	5	9.5
18.0	6.4	7	11.0	4	6.2	4	10.4
17.0	7.4	6	24.0	2			12.0
14.0	1.6		6.0	8	7.6	3	7.7
10.0	10.3	5	9.0	6			7.1
19.0			24.0	2			
	11.9						7.9
23.0	13.0	3	10.0	5	7.6	3	7.7
15.0	11.1	5	16.0	3			3.2
14.0	14.6	2			9.7	1	8.8
	3.8	8	3.0	9	8.2	2	8.0
44.0	0.0	9					48.1
	9.0						9.4

Table 4

Care by siblings, by mothers while working and by the child himself have the largest percentage of dissatisfied and the smallest percentage of highly satisfied respondents of all the forms of care. The most "highly satisfactory" form of care, judging by percentages, is care in the family's own home by a relative.

Figures of interest in the table are those which permit comparison of formal group care with more traditional types of care. The percentage of parents who are highly satisfied with day care centers is almost as high as the percentage who are highly satisfied with care in the home by relatives. Thus, care in centers is among the most "highly satisfactory" forms of care.

Care by non-relatives outside the home (excluding centers) was rated "highly satisfactory" by fewer parents and "dissatisfactory" by more parents than any other form of care. This form of care usually includes informal babysitting arrangements outside the home as well as the more formal, well-established family day care homes. However, the Westat study made a distinction between family day care homes and the more informal out-of-home arrangements with relatives. Family day care homes rate an even higher percentage of parents considering this form of care "dissatisfactory" and a lower percent of highly satisfied parents than any other form of care. Only leaving the child to care for himself rate more dissatisfied, and fewer highly satisfied parents in the Westat study.

For some of the types of care, such as care at home by relatives or the mother watching the child at work, the extent to which the care is utilized corresponds highly to the amount of satisfaction it gives. Parents are highly satisfied with care at home by a relative, and use a great deal of this form of care; they are often dissatisfied with caring for the child while they themselves work, and do not often make this arrangement. However, for some modes of care, there is little correspondence between usage and satisfaction. For example, siblings provide about 12%

of all child care, yet this kind of care is among the least satisfactory. Relatives are used considerably more often for care outside the home than are non-relatives. However, non-relatives are slightly more satisfactory and less unsatisfactory than relatives outside the home. The Westat study suggests that day care homes are used by almost twice as many children as are centers, and yet day care homes are among the least satisfactory and centers are among the most highly satisfactory forms of care, according to both Westat and Ruderman.

Patterns of satisfaction with child care are affected by race, income and marital status, as well as by the type of arrangement. In general, lower income mothers and mothers who are heads of their households are less satisfied with the day care they use. No doubt their choice of care is restricted by their income. Tables showing the relationship of satisfaction to demographic characteristics are presented in Appendix A.

Table 5. Day Care Arrangements Preferred

	Westat, 1970		Massachusetts, 1970	
	Current arrangements working mothers %	Preferred arrangements non-working mothers %	Working and non-working mothers Current %	Preferred %
Not currently working or would not work	--	7.1	47	39
Own home	61.1	40.2	19	27
Relative				
Non-relative				
Other's home	16.3	7.6	10	12
Relative	14.7			
Non-relative	1.6			
Day care home	12.6			
Group care	6.0	33.9	10	19
Other or N.A.		6.0	14	3

by Working and Non-working Mothers

Olmsted County, 1970		WIN, 1970		Urban Institute (b), 1970			
Working mothers				Working mothers			
				Under 3		3-6	
Current %	Preferred %	Current %	Preferred %	Current %	Prefer. %	Current %	Prefer. %
--	--	--	--	--	--	--	--
41	61	50	56	70.8	49.9	80.4	46.7
31	23	45	46	57.3*	34.6*	68.2*	38.2*
10	38	5	10	13.5	16.3	12.2	8.5
46	11	40	31				
6	1	27	23				
40	10	13	8	20.2	4.8	11.0	1.7
		1	4	8.9	25.9	8.5	23.8
				0.0	18.3	0.0	28.0
7	15	6	9				
1							

*This may refer to out-of-home care by a relative, due to an unclear survey question.

Table 5

Table 6: Estimated Number and Percentage Distribution of Working Mothers by Desired Kind of Improved Day Care for Pre-School and for School-Age Children

Kind of care desired for improvement	Preschool children		School-age children	
	Number (000's)	Percent	Number (000's)	Percent
No change desired	411	36.5	485	48.8
Change desired	716	63.5	509	51.2
Care in home	264	23.4	218	22.0
Care in other's home	57	5.0	46	4.6
Supervised recreation program	0	-	214	21.5
Day Care Centers	373	33.1	0	-
Other change	22	2.0	31	3.1
Total	1,127	100.0	994	100.0

Survey: Westat, 1970

2.3 Parents' Preferences for Day Care Arrangements

Parents' preferences for day care have not been surveyed as frequently or in as much detail as their current arrangements. None of the national studies has asked questions about the overall preferences of working mothers, although Westat included data on preferences of mothers who are not working, and Ruderman asked about interest in center care.

Table 5 presents the data on the kind of day care parents would prefer, compared with the percentage of current utilization for each type.

Three of the state and county studies suggest that mothers would like to use in-home care somewhat more than they do. The difference between the percentage who use and who prefer such care ranged from 6% to 20% (Massachusetts, 1970; Olmsted County, 1970; WIN, 1970).

The Urban Institute study of a middle-income black community found that, although a high percentage of families use care in the home (70-80%), considerably fewer would prefer this care if given a choice (46-49%). Many parents would prefer to use a family day care home (23-26%) or a center (18-28%). The high preference for family day care homes in this study is unusual. A possible reason is that such homes were widely utilized in this community, which had no centers.

Although the Westat survey did not ask working mothers for their preferences, these mothers were asked whether they would like to change to a different type of day care. Table 6 shows that about two-thirds of these mothers would like to change; 23% of mothers

Table 7: Estimated Percentage Distribution of Nonworking Mothers by Kind of Child Care Preferred for Youngest Child, by Family Income, by Type of Household and by Race

Type of household and annual income ($)	Kind of care preferred (percent)					
	Care in own home	Care in other's home	Day Care Center	Recreation Program**	Other and do not know	Would not work
One-parent household						
Under 2,000	43.6	2.4	32.9	7.8	6.1	7.2
2,000-2,999	41.1	5.4	36.5	5.4	6.3	5.3
3,000-3,999	39.8	10.1	31.3	5.4	4.8	8.6
4,000-5,999	41.7	7.5	38.8	3.8	1.2	7.0
6,000 or more	31.0	16.2	29.9	1.8	14.1	7.0
Total	40.2	7.6	33.9	5.2	6.0	7.1
Two-parent household						
Under 2,000	46.5	3.5	34.9	4.1	6.6	4.4
2,000-2,999	51.4	12.1	27.8	1.7	7.0	-
3,000-3,999	48.1	6.7	27.2	10.3	3.3	4.4
4,000-5,999	38.1	12.6	30.7	5.2	8.4	5.0
6,000 or more	46.3	9.0	24.7	4.9	10.8	4.3
Total	44.1	10.0	27.4	5.3	8.9	4.3
Race of Respondent						
White	49.6	9.5	23.4	5.4	6.9	5.2
Black	27.2	10.1	52.2	3.4	4.4	2.7
Other	47.4	5.9	29.9	3.8	5.2	7.8

Survey: Westat, 1970

with preschool shildren would like to change to care in the home, and 33% would like to change to care in centers. Mothers of school age children who desire a change would prefer care in their homes or a supervised recreation program.

Nonworking mothers were asked by Westat to indicate the kind of day care they would prefer to use if they were working (Table 5); 40% preferred care in their own homes, and 34% desired center care. Table 7 analyzes these nonworking mothers' preferences according to income, race and family structure. Race is the most significant of these variables in its effect on preference: only 27% of black mothers, as compared to 50% of white mothers, would prefer care in their homes. 52% of the black mothers would prefer care in day care centers, compared with 23% of white mothers.

This startling difference is not an income effect. No consistent income effect on preferences is noticeable, although this may be because upper income families were not represented in the Westat sample. The race effect may, however, be related to the only significant relationship found in this sample: the relationship between preference and family structure. Of mothers who are heads of households, 40% prefer center care, while only 27% of mothers in two-parent households prefer this kind of care. Some of this effect may be due to the fact that one-parent households are more common among black families. It may also result from the fact that fathers are not available as caretakers in these families, and fathers normally provide about 18% of day care.

The Ruderman survey asked working mothers whether they would use a day care center if there were one nearby; 47% said they

Table 8. Working Mothers' Response to Question on Use of Day Care Center by SES

SES	No.	Percent Probably Would Use
Very Low	362	52
Low	348	47
Moderate	249	44
High	119	37
Very High	35	29
TOTAL	1113	47

Source: Ruderman, 1962

Table 9. Working Mothers Who Would Use a Child Care Center by Race and Ages Of Children

	Ages of Children in Family									
	Only Under 3		Only Under 6		Under and Over 6		Only Over 6		Only Over 9	
Race	No.	%	No.	%	No.	%	No.	%	No.	%
White	83	49	164	47	228	39	208	40	161	34
Negro	36	59	43	65	112	72	53	68	25	48
TOTAL	119	52	207	49	340	50	261	46	186	36

Survey: Ruderman, 1962

Table 8 & 9

Table 10. Working Mothers Who Would Use a Child Care Center by Present Arrangement and Race*

Present Arrangement	% White	% Negro	% Total
Child cares for self	43	67	47
Working mother cares for child	58	***	61
In-Home			
Father	40	69	47
Sibling	30	63	40
Other Relatives	24	56	38
Neighbor, friend, babysitter	45	80	52
Maid	37	***	37
Out-of Home			
Relatives	23	54	44
Neighbor, friend, babysitter	44	82	58
Nursery school or center	**	**	**
Playground	20	***	27

* Because of multiple arrangements, some mothers appear in more than one arrangement category.

** Omitted because many in these cells felt they were already using such a facility, although some said they would change if "the new one" were nearer, or less expensive, etc.

*** Fewer than ten cases.

Survey: Ruderman, 1962

probably would use such a center. The larger response may result from the fact that only one choice was presented; mothers were not asked to choose among a number of possibilities. Interesting relationships were found between desire to use a center, socio-economic status, race, age of children, and present day care arrangements. Tables 8, 9, and 10 show some of these relationships. Lower SES mothers, black mothers, and mothers of preschoolers were all found to have a higher than average preference for using a center; 65% of black mothers expressed a desire for center care. This figure rose to 72% for black mothers with preschoolers and older children.

Interest in center care was also found related to the mothers' present day care arrangements. Among white mothers, 58% of those who cared for their children while working desired a center. Those of both races whose relatives cared for their children showed the least interest in a center.

Black mothers whose children were cared for by baby-sitters, whether inside or outside the home, showed an extremely high interest--80% would use a center, compared to 65% for the average black mother and 47% for the overall average. (While the Ruderman figures may represent overestimates, it seems probable that the direction of the relationships analyzed are correct, since the overall race difference corresponds to that found by the Westat study.)

Ruderman suggests that one reason for the high interest in a center among black mothers is the anxiety these mothers feel about leaving children in the homes of others in neighborhoods which are often dangerous and unwholesome for growing children. Another reason arises from the expectations black mothers have about special benefits from the care available in day care

centers. When asked the reason they would prefer center care, 27% of black mothers mentioned "opportunities to learn," "teaching," etc., while only 11% of white mothers mention these. This difference appears on every socio-economic level.

All surveys which examined preference found that the percentage of parents who would prefer care in a center exceeds the percentage who actually use this type of care. This appears to be true of mothers of all income levels and races, although black mothers show an extremely high interest in care in centers. It also appears that many working mothers whose children are being cared for outside the home would like to change to care in their homes, and that many non-working mothers would prefer to use in-home care if they began to work.

The Westat study found little or no preference for family day care. However, a study of a black middle income community found a significant preference for this type of care. More study is needed to determine parents' knowledge of, perception of, and attitudes toward this form of care.

2.4 Parents' Evaluation of Individual Features of Day Care Services

Surveys have given little attention to the attitudes of parents toward particular features of day care services. Those survey questions that have focussed on individual characteristics have been phrased in such a variety of ways that it is difficult to summarize them. Parents have been asked what services they would expect from their preferred form of care, what services they expect from any adequate day care arrangement, what they like about their present mode of care and why they chose it, and what features they think are most important in a day care

program. Each of these questions elicits a different response set. Parents' expectations may be colored by their sense of what is realistic and available--it is even possible that they might not expect some of the features they consider most important. Factors leading to choice or rejection of a type of care might be based on necessity rather than preference. The factors which lead parents to choose a particular form of care may be quite different from the features which become important to them after they become accustomed to it.

Only three of the studies reviewed took the direct approach to parents' values by asking them what they considered the most important features of a day care program. Both Urban Institute studies asked parents to name their "top priorities" for day care services. The results are as follows:

Urban Institute (a), 1970

Preference	Average Income $4,000	Average Income $4,000	Average Income $8,000
Should provide educational services	39.3%	62.0%	77.5%
Should provide nutritional services	47.6	58.2	22.5
Should contribute to social development	31.0	31.6	48.7
Should be close to home	36.9	39.2	30.0
Should be inexpensive, based on ability to pay	32.1	43.0	17.5
N	84	79	80

Urban Institute (b), 1971

Factor	Age of Child	
	Under 3	3 to 6
Should have competent staff	77%	67%
Should provide educational services	36	54
Should provide nutritional services	30	54
Should be clean	23	17
Should provide recreational facilities	18	20

N - 211

(It should be recalled that the first Urban Institute study was a pilot study without a scientifically selected sample.)

Characteristics related to the quality of the child's experience in day care appear to be most important to parents in the Urban Institute's samples. Such characteristics include the quality of staff, educational services, nutrition, and the child's social development. The lower income samples also gave high priority to closeness to home and low cost.

Another indicator of how much parents value a service is how much they are willing to pay for it. The second Urban Institute study presented parents with a list of five services-- a preschool educational program, transportation, and two options involving the center being open in the evening and on weekends. Parents were willing to pay a median of $7.50 a week for an educational program, $4 for transportation, and $2 for a hot meal.

The Massachusetts survey of families from all incomes included a list of fifteen features from which parents were asked to

Table 11. Actions Respondents Would Take to Improve Day Care Arrangements

Action(s)	%
Nothing, no answer	23.7
Whatever needs to be done	27.0
Formulate policy, participate in staff and parent meetings	26.5
Visit facility and help improve it	9.5
Help at play time	9.0
Contribute money, help lobby for funds	8.5
Help with meals	4.7
Help in evaluation of staff	3.8
Provide materials	3.3
Other	19.0
TOTAL	211

Based upon answers provided by 161 respondents. Responses exceed 100.0% because some respondents indicated they would do several things to improve day care arrangements.

Survey: Urban Institute (6), 1971

Table 11

choose those most important to them. The four most often chosen were (1) help children get along with eacn other; (2) close to home; (3) provide health care; (4) provide meals. Unfortunately, none of the items on the list concerned cost or educational services. Aside from those items, the Massachusetts list contains only one item not mentioned by the Urban Institute respondents: health care.

Parents in the second Urban Institute survey and the Massachusetts survey were also directly asked the importance they placed on one particular program component--a parent group connected with the day care program. 57 percent of Urban Institute respondents said they would be very interested in such participation, 31 percent said they were somewhat interested, and 11 percent were not interested. Parents were then asked how they would like to participate. Their answers are summarized in Table 11. The most frequently mentioned form of participation was policy formulation, although parents were also interested in fund raising and volunteer work in the program.

Parents in the Massachusetts sample were asked to choose among thirteen topics they would like an opportunity to learn more about. Those chosen most were (1) helping children learn; (2) drug education; (3) helping children to grow up; (4) problems of being a parent; (5) discipline. Parents expressed an interest in having neighborhood discussion groups or classes in local schools to learn about these topics.

Parents were sometimes asked in surveys to evaluate the features of their current mode of care by stating which features they liked and which they were unsatisfied with. A Minnesota sample of high-income working mothers (Olmsted County, 1970) often mentioned convenience to themselves (55%) and the personal

Table 12. Estimated Number and Percents of Working and Non-working Mothers by Expected Provisions of Day Care Programs.

Expected provisions	Percent of total working mothers mentioning each provision*		Percent of total non-working mothers mentioning each provision*	
	%	Rank	%	Rank
Safe place to leave child	47.4	3	42.6	3
Playmates for child	22.2	8	13.8	8
Good food	55.4	2	55.5	2
Medical program	17.4	9	11.8	9
Good care	61.9	1	57.5	1
Education (school readiness)	36.6	5	27.5	5
Training (behavior)	38.4	4	29.6	4
Good place to play	31.1	6	23.8	6
Other	27.1	7	18.2	7

* Multiple responses were frequent.

Survey: Westat, 1970

Table 12

attributes of the caretaker (50%) as the features of their day care arrangements they liked best. Those mothers who mentioned any features they missed in their present arrangements usually mentioned convenience. Only a few mentioned the presence or absence of educational opportunities for children.

The middle class, predominant black sample in the second Urban Institute survey mentioned a number of reasons for dissatisfaction with their present arrangements, mostly related to the quality of care and attention their children received. One-fourth of respondents mentioned the lack of a preschool education program, and an equal number mentioned excessive cost. Lack of cleanliness, overcrowding, and the fear that the care would be inadequate for the children when they grew older were also primary concerns.

High priority program features and reasons for liking or disliking day care services were discussed first because they involve a value judgment on the part of parents. Expectations may be a less direct reflection of parents' values; instead, they may be based on realistic estimation of available services, or they may represent a set of minimum requirements. The Westat survey asked both working and non-working mothers to state the provisions they would expect from a day care program (Table 12). Although the percentage of working and non-working mothers mentioning each provision was different, it appeared that non-working mothers made fewer multiple responses. Ranking the provisions according to the percentage of mothers mentioned it yielded identical rank orderings for working and non-working mothers. The first three concerns for all mothers were good care, safety, and good food. These would appear to be minimum requirements. The next two expectations in order are training in behavior and education for the child. Next in importance are

Table 13. Working Mothers' Expectations for Day Care Services

By Type of Care

	Expectations (%)				
	Discipline	Care for sick child	Teach skills	Outings	Play with child
In-home care					
Father	90	66	51	25	26
Sibling	50	44	48	--	--
Relative	93	76	40	15	53
Babysitter	78	55	39	20	61
Maid	88	80	38	26	78
Out-of-home care					
Relative	--*	65	40	11	46
Babysitter	49	49	33	24	--
Day care center	--	--	86	64	89

* Some percentages were not mentioned in this study.

Survey: Ruderman, 1962

Table 13

Table 14: Reasons Respondents Would Not Want to Use Different Types of Day Care Arrangements

Arrangement	First lower class community		Second lower class community		Middle class community	
	Reason	Percent of respondents	Reason	Percent of respondents	Reason	Percent of respondents
Someone else in household	_____*		_____*		Hours not convenient	(40.0)
Relative or friend from outside household	Too expensive	(20.0)	Too expensive	(20.6)	Hours not convenient Too far away	(32.0) (20.0)
Babysitter in <u>your</u> home	Too expensive Hours not convenient	(42.9) (24.3)	Too expensive Hours not convenient	(51.5) (30.9)	Hours not convenient	(32.0)
Babysitter in <u>her</u> home	Too expensive Hours not convenient	(64.3) (44.3)	Too expensive Hours not convenient	(58.8) (30.9)	Children wouldn't like it	(34.0)
Family day care home	Too expensive	(61.4)	Too expensive	(55.9)	Child wouldn't like it	(28.0)
Group day care home	Too expensive	(58.6)	Too expensive	(51.5)	Child wouldn't like it	(38.0)
Day care center	Too expensive	(37.1)	Too expensive Too far away	(29.4) (29.6)	Child wouldn't like it Better care elsewhere Don't like other taking care of my children	(44.0) (30.0) (20.0)
N	70		68		50	

Note: All questions received multiple responses.
*In these communities, an insignificant number of respondents provided any reasons for objecting to this type of day care arrangement.

Survey: Urban Institute (a), 1970

a good place for play and playmates, and, finally, a medical program.

Ruderman (1962) pointed out that expectations are different for different types of care. In this study, mothers using each type of care were asked what they expected of the form of care they used. Percentages given in the narrative for each kind of expected service are tabulated in Table 13. As can be seen, adult caretakers in the home or relatives outside the home were strongly expected to take responsibilities normally associated with parents--to discipline children and to care for them when they were sick. Day care centers were expected to provide educational and play experiences for children to a greater extent than any other form of care. Expectations for care by non-relatives in their homes were lowest both for the parental care and disciplinary functions and for the educational functions.

Concern about cost and convenience are important sources of negative expectations for parents. The first Urban Institute study asked parents which kinds of day care they would not want to use and their reasons for not wanting to use them. The reasons are presented in Table 14. For parents in the lower income communities, expense was a problem with each type of care except care by a relative in the home. Baby-sitters apparently difficult to arrange during the hours parents need them. Distance was mentioned as a significant problem only in one community, and only for day care centers. Understandably, the middle class parents found high cost less of a problem, and were thus more likely to mention their children's preferences as reasons for not wanting a particular type of care.

Hennepin County (1970) parents were asked to give criticism of

only one type of care--day care centers. About a third of these parents felt that centers would be too expensive and too far away, 43% felt that "transporation would be a real problem to most people".

Following is a summary of parents' comments on each of the characteristics and services of day care which were frequently mentioned:

Quality of Care. The majority of mothers expect "good care." Frequently expressed concern over cleanliness and overcrowding also reflects the overall desire for high-quality care.

Safety. Like the overall quality of care, safety is a minimum requirement which most mothers expect in the care they use.

Nutrition. Food is, of course, a necessity in a day care program. However, many parents mention high-quality nutrition as a high priority service of the day care they use. A large percentage of parents would pay extra for a hot meal.

Qualified Staff. Whether surveys asked about expectations, high priority features, or likes and dislikes, staff qualifications were mentioned among parents' top two or three concerns. This was true of lower-income, middle-income, and upper-income mothers.

Discipline. About a third of all mothers expect day care staff to provide behavior training. This expectation is highest for care by relatives and care in the home. It is rarely mentioned as a high-priority concern or as a feature which is most liked about current care.

Social experiences. Children's social development is often mentioned as a high-priority concern and as an expected outcome of day care services.

Educational experiences. Education is mentioned as a high-priority concern and expectation by a substantial percentage of mothers both working and non-working, lower and middle income. Lack of an educational program is frequently cited as a reason for dissatisfaction with current care. The only sample which did not display concern for educational services was a very high income population.

Health care. A relatively small percentage of mothers expect a medical program to be provided as part of day care. However, parents in one survey named it as a high-priority service.

Convenience. Lower class parents mention problems of convenience in scheduling as a reason for not using babysitters. Upper class mothers mention convenience as a major reason for liking their present types of day care. However, it is not often mentioned when parents are asked about their most important concerns.

Transportation. When parents are asked about the kinds of problems they would anticipate in using day care centers, transportation is often mentioned. It is not often mentioned in connection with other types of care. "Closeness to home" was mentioned as a high-priority concern by one lower income sample and by a state-wide sample including all incomes.

Parent participation program. There is very little information available on parents' desire for participation in day care programs, although one survey found that a majority of parents

would like to participate in policy formation, while another found parents had a strong interest in parent education programs.

There are no studies including detailed and complete information on parents' attitudes toward individual program features. It is clear, for example, that a large percent of parents would like to have educational services for their children, but there is no information on the kinds of educational programs parents would prefer. Parents obviously want competent caretakers, but how do parents perceive competence? Do they use subjective or objective criteria to judge staff quality? What kinds of ethnic and income differences exist in parents' attitudes toward individual day care services?

In spite of the unanswered questions, it is clear that most parents want more than basic care and supervision from their day care arrangements. At all income levels, they want educational and social experiences for their children. At the same time, consideration of cost, convenience, and transportation place restrictions on the type of care they are able to use.

2.5 Summary of Survey Findings

Current utilization patterns are important indicators of parents' preferences for child care. However, it is impossible to determine how much parents' current choice of day care is influenced by their preferences and how much it is constrained by the availability and cost of care. Therefore, parents' satisfaction with current care, their preferences for change to different types of care and their interest in particular program features must be compared with current utilization patterns in order to obtain a more nearly accurate picture of the types of care parents would like to use.

The largest percentage of day care takes place in the home and/or by relatives. For lower income families, this percentage is even larger. Is it the home setting or the availability of relatives as caretakers that causes parents to choose this kind of care?

The amount of satisfaction with day care in the home setting depends on the person caring for the child. Although it takes place in the home, care by siblings is one of the least satisfactory forms of care. It is considered only a slight improvement over leaving the child at home alone. Adult relatives in the home are rated among the most satisfactory of caretakers. However, interestingly enough, the percentage of mothers who use this form of care is considerably greater than the percentage of those who state that it is the care they would most prefer. Non-relative caretakers within the home are sometimes rated as less satisfactory than non-relatives outside the home. Thus, it would appear that preference for the setting of the family's own home is not the major reason for the widespread utilization of care in the home.

Is care by a relative the key to the large amount of in-home care? Most informal care outside the home also involves relatives as caretakers. However, two surveys showed them to be less satisfactory than relatives in the home. One survey even showed them to be considerably less satisfactory than non-relatives outside the home. Thus, relatives as caretakers do not seem to be the key factor in the high utilization of care in the home.

Comparing utilization and preference rates for informal care in the homes of others confirms the conclusion suggested above that the home setting is not a crucial factor in day care preference. When day care homes are not included, between 20 and 30% of

children are cared for in the homes of other families. However, according to most studies, the percent of mothers who would prefer to use this form of care is less than half the number of those who use it.

The use of babysitters, whether inside or outside the home, is attended by inconvenience due to scheduling problems. Expectations for services from such care are low; neither the discipline and loving care of a relative, nor the education and social experiences of a center, are expected of such care. Black mothers who use babysitters, whether in or out of their homes, express much anxiety about the adequacy and safety of the arrangements.

Care in the home is named by a high percentage of mothers--between 40 and 60% -- when they are asked which kind of care they would prefer if they had a choice, i.e., if all constraints were removed. However, it would appear that this preference applies to the mother's own home and is not necessarily generalizable to the homes of others. In addition, it seems highly related to the characteristics of the caretaker.

Family day care homes were considered as a separate type of care in only two studies. In a low income sample, it was found one of the least satisfactory forms of care among mothers presently using it. However, a middle income community showed a strong preference for more family day care than was presently used in that community.

As mentioned above, black mothers are particularly unsatisfied with informal care by non-relatives. It is possible that this is true generally of families in low income neighborhoods. Perhaps this accounts for the comparative dissatisfaction with

family day care and the low rate of preference for care in the homes of others by the low-income Westat sample. However, the sample showing a high preference for day care homes was from a community with an average income of $9,000. There is evidence, also, that family day care in that community was organized, provided with support services and well-known and respected. Mothers in many communities may not differentiate between family day care and babysitting, and may attribute to family day care the lack of stability often associated with babysitting arrangements.

Day care centers are used by only a small percentage of mothers. Yet they are rated as satisfying as care at home by a relative and are the preferred form of care for at least a third of all mothers, working and non-working. Non-white mothers show an even higher percentage of preference for center care than white mothers. Mothers expect educational experiences and social development for their children from these centers; these are high priority concerns for parents, and their absence is a frequent cause of dissatisfaction.

Why, then, do day care centers provide such a small fraction of currently utilized care? It is possible that the availability of care, rather than parents' preferences, determines its utilization. Most centers have long waiting lists. Parents may not have adequate information about the centers that do exist. Also, lower class parents mention transportation and cost as real problems in using such care, sometimes serious enough to prevent their using it. It seems possible that these problems account to some extent for the extensive use of care in the home and by relatives, especially among lower-income families.

3.0 DESCRIPTION OF METHODS OF PROVIDING DAY CARE SERVICES

In this section, each of the main methods of providing day care services is described according to the following ten dimensions:

1. Sponsorship

Sponsorship is defined in terms of the source of a program's funding, management, or legislative mandate. Private sponsors include entrepreneurs and cooperatives. Government agencies and school systems are examples of public sponsors.

2. Staff

Characteristics of staff include age, education, certification, and their relationship to the community being served. Employment opportunities for people from the community and parents within each kind of system are also discussed under this heading.

3. Children

The discussion of this dimension describes the characteristics of the children generally served by each type of day care service, particularly the age of the children and their social and economic backgrounds.

4. Services

This subsection discusses the kind of service each method day care provides in each of the following areas:

a) Basic care and supervision

b) Social experiences

c) Health services including first aid, nutrition, medical dental and psychological services

d) Recreation

e) Educational services

f) Other services, such as social services and transportation

5. Facilities

The facilities typically used by each type of day care service are described. Some important characteristics of facilities include whether the facilities tend to be new or renovated; whether they are also used for purposes other than child care; the kind of neighborhood location in which the facility is typically found; and the size of the facility in terms of the number of children it is designed to accommodate.

6. Clientele

For each type of day care service, the clientele, or parents of the children, are described in terms of socio-economic status, the locations of their homes, how they learned about the particular day care center, and the way in which they initially made contact with the day care service.

7. Parent Contact and Participation

The discussion of this dimension describes the ways in which the day care system maintains contact with parents -- for example, newsletters or daily personal contact when the parent brings the child to the center. Also, the ways in which parents participate in policy formulation and other program activities for each type of care will be described. (Additional information can be found in Appendix B, "A Study of Parent Roles in Day Care Programs for Five Types of Program Sponsorship".

8. Stability

The "stability" of the day care system is its potential for providing uninterrupted services. Indicators of this potential include the average lifespan of a program in a particular kind of delivery system as well as factors that may enter into decisions to operate -- that is political or funding considerations.

9. Charges

The charges for the day care services are described to the extent possible, both in terms of the overall cost and in terms of parent fees.

10. Image

The general image of each type of day care service is described in terms of its "advantages" and "disadvantages" as perceived by the public.

Day care services are provided through a number of methods. The methods tend to overlap, and in many cases it is difficult to make a clear distinction between one method and another. The methods chosen for description here were selected mainly on the basis of the sponsorship or control of the organization providing the services. Privately sponsored types of day care described include:

Family day care

Private center day care

System-owned day care

Industry day care

Private cooperative day care

Private community controlled day care

Private not-for-profit day care

Publicly funded community day care centers are also discussed.

The descriptions are based on a synthesis of information and data. Empirical data are not available on each method of care, but the methods seem to differ significantly enough to allow separate descriptions. It is not expected, of course, that every organization that provides day care services will fall neatly into one of the above classes, or that the generalizations found in the descriptions will apply accurately to every organization that would fall within an overall category.

The observations in each description are based on surveys, descriptive material from individual organizations, private consultations, and general impressions obtained from reviewing the literature on day care services; specific references are given at the end of each subsection, but it is impossible to document all the sources that led to the overall descriptions.

3.1 FAMILY DAY CARE

Sponsorship

Family day care homes are operated by women in their own homes on a profit basis. A majority of the women view the services they provide as a business enterprise. One study found that while more than 50% of mothers initially began child care at the request of neighbors, over 90% list "money" as a reason for continuing, A majority of mothers regarded their position as one with several important advantages: earning money, staying at home and enjoying the company of children. Family day care homes are not as yet operated on a chain basis. However, some agencies make systematic use of family day care homes and provide some support and resources.

Staff

The family day care provider is almost always (in 98% of the situations studied) a woman. However, husbands are present fairly frequently while the day care children are in the home and do interact and take an interest in them. The median age of mothers is 31 years, slightly less than that in the centers. At least 60% of the women have had some high school education, and 14% have had some college. In general, day care mothers have no association or familiarity with professional child care organizations. Whites comprise 86% of the family day care homes and blacks 7%.

Children

Average enrollment in family day care homes is estimated at 1.6 children, and about half of the homes care for only one child. According to one study, 84% of children in family day care are enrolled for the full day (Sale and Torres, 1971). As group day care is limited in its ability to provide care for children under 2½, it is logical that family care provides most of the care for those in this age category. Twenty-four percent of children in one study were under two years of age. Family care also has a higher percentage of older school-age children than other forms of day care. More than 14% of the children in family homes are six and over, whereas in other forms of day care more than 12% are of this age. Family day care homes thus serve not only a significantly greater proportion of infants than do other forms of day care, but also slightly more school-age children.

Formally licensed day care homes have been almost exclusively used by whites. Black families tend to use centers more than homes when formal child care arrangements are used.

Services

Family day care homes seem to provide less in the way of formal services, such as medical or dental care, but provide more in the way of such other services as caring for children during periods of time that most centers do not in order to accomodate a parent's unusual work schedule. Table 15 indicates the earliest hour a child has arrived and latest hour a child has remained with

the day care mother in one study. Such extremes would be difficult, for a day care center.

While day care mothers do not offer the medical and dental services that are offered, for instance by Head Start, almost one-third of the mothers in one survey indicated that they do take children to the doctor, and all of them administer medicine. While no assessment or preventive medicine is practiced, many day care mothers take care of children who have colds and some when they have contagious diseases. About 16% have emergency arrangements with hospitals or clinics, whereas 45% have such arrangements with physicians and 13% with nurses. When the day care mothers need to take trips in the neighborhood (a park, the market, the bank), they include the children. Special trips in the neighborhood to such places as the fire station or a zoo are also planned for the children. Again, many of these trips seem to be a positive outgrowth of the informal nature of most day care homes.

Nationally more day care homes provide breakfast and dinners than centers, but only 92% serve lunches. All the mothers in one study indicated that they provide special diets for children who require it. Tables 16 and 17 indicate percentages of time spent by children and operators of day care homes in specific activities. Table 18 also provides information on the kinds of activities engaged in by both the children and the caretaker, as well as more subjective evaluations of her role by the caretaker. Perhaps a summary would describe day care homes as providing more than mere

custodial care, less than an organized child development program, but some unique educational and socialization experiences arising from the intimate and informal setting. This generalization, of course, excludes the examples of child neglect often publicized as being rampant in day care homes.

Transportation is almost never provided by the day care mother, but this presents less of a problem than for some day care facilities because of the closeness of day care home to the child's home.

Facilities

Seventy-eight percent of the family day care homes surveyed were in single family dwellings and 17% in multiple family units; 94% had flush toilets; about 50% had child-sized tables and chairs; and about 95% reported an outside play area; about 50% had isolation for the sick; and 26% had fire extinguishers. There is not much information on how much renovation is involved when a family day care mother "renovates" her house in order to better accomodate the additional children -- whether this consists of the purchase of equipment or of structural changes, but it seems likely that structural renovations are uncommon.

The amount and kind of equipment varied greatly, but the majority reported having cots, cribs and sleeping mats; musical toys; dolls and housekeeping toys; art equipment; books, puzzles, and games; tricycles, wagons, and swings. About a third have sandboxes and slides, and 16% reported having jungle gyms.

There are no reports indicating whether there were enough toys and equipment for the number of children being cared for, whether they were appropriate for the children's ages, or any sort of evaluation of what was available in the home. One study described family day care as being high in "softness," a term that signifies such things as comfortable furniture, affectionate contact, soft toys and furry animals to play with, and materials such as water and finger paints. It was also judged that the number of square feet per child was probably greater than in a day care center.

Clientele

Table 19 indicates the estimated family income of parents of children in family day care homes. An estimated 41% have incomes over $8,000 as compared to 33% for those families utilizing center facilities. And at the low end of the income range, 19% of the families using day care homes have incomes of less than $4,000. (The subsidy of day care centers for economically disadvantaged children may be in part responsible for this trend.) One study reported that 20.9% of the children were from one-parent families.

It is interesting to note, however, that the largest disparity occurs at the over $10,000 level, where the percentage of families using day care centers is more than 17% greater than the percentage using family homes.

Three-fourths of the family day care homes were in single family residential areas and 13% in rural areas. These homes also proved

to be close to those who used them. Seventy percent of the parents live less than five minutes away from the day care home, and only in 11% of the cases were the parents more than 15 minutes away. Even more significant is that in 67% of the cases the child is able to walk to the family day care arrangement. Clearly, family day care is in the users' immediate neighborhood.

Parent Contact and Participation

There is less communication between parent and family day care mother than might be expected. Still, although the lines of communication are not formal, it seems that there is sufficient communication to enable the caretaker to be of help when there is an emergency and the parent is delayed or some other special consideration is required. Formal parent participation programs are never, as far as is known, included in family day care.

Stability

Tables 20 and 21 give some indication of the longevity of family day care homes. The Hennepin County study reported that the number of years showed the "business like" quality of the home day care enterprise. Inasmuch as about half of a Pasadena sample was in the field of day care for at least four to five years, the notion that family day care homes are a serious enterprise is somewhat substantiated.

The family homes are not subject to governmental funding, as the costs are essentially borne by the parent users. There is, therefore, less likelihood that such day care services would become involved in political issues, as is the case with many poverty programs.

Charges

Costs for family day care is comparable to other forms of day care. Two studies, each in a different city, reported that the average amount charged by a family day care mother was between $15 and $20 per week for the first child and subsequent reductions for each additional child. These fees appear to be somewhat below what many of the newer day care centers charge, but of course higher than publicly funded day care centers even if a sliding scale is used.

Image

Popular impressions of family day care homes are varied. They range from stories of children being locked in basements or plunked in front of a television set with a box of potato chips for the day, to tales of warm, exuberant mothers who provide healthy environments for the children under their care. Parents often choose to send their children to a day care home because it is a home, and they express dislike for what they see as impersonal care their children might receive in a larger setting like a center. Parents making the explicit choice of a day care home would probably not be concerned whether the service provided a structured educational experience for the child. To be accurate about which popular impression fits a particular home, it would be necessary to make a careful evaluation of the home and the kinds of environment it provides.

Mothers become dissatisfied when they think the caregiver is too occupied with her own housework or is spending too much time with the infants and not enough time with the older children. Lack of training programs for the caregivers and lack of educational resources for children are also sources of dissatisfaction for prospective users.

Some of the advantages of child care in private homes -- as opposed to care in institutional child care facilities -- are closeness to the child's home and less formality. Also, it is generally easier for homes to provide care for families of several children of varying ages. Parents with infants and school-age children might find that a day care home was the only facility that could accommodate all of their children.

The following eight pages contain tables and references for this subsection.

Table 15: Extremes of Arrival and Departure from Family Day Care Home*

Earliest Hour Child Has Arrived**	No. of Family Day Care Mothers	Latest Hour Child Has Stayed	No. of Family Day Care Mothers
Between:		Between:	
5:30-6:00 am	4	6:00-7:00 pm	4
6:00-6:30 am	10	7:00-8:00 pm	1
6:30-7:00 am	3	8:00-9:00 pm	6
7:00-8:00 am	4	9:00-10:00 pm	3
8:00-9:00	1	10:00-11:00 pm	3
		11:00-12:00 midnight	2
		12:00- 1:00 am	3
	22		22

*Sale and Torres, 1971
**One child has regular hours of 1:00 to 11:30 pm.

Table 16: Estimated Percentage Distribution of Hours Per Day Spent at Various Activities By Children in Day Care Homes*

Hours per Day	Watching TV	Playing Outside	Playing Indoors	Eating	Taking Naps
0	30.8 %	23.3 %	3.5 %	1.3 %	8.9 %
1	32.8	20.1	13.5	88.7	18.1
2	32.9	32.9	31.2	9.5	49.4
3	2.4	16.1	24.6	0.5	17.6
4	0.4	4.9	9.7	0.0	0.4
5 or more	0.7	2.7	17.5	0.0	0.4
Total	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Median Number of Hours	1.1	1.7	2.6	1.0	2.0

*Day Care Survey -- 1970

Table 17: Estimated Percentage Distribution of Hours Per Day Spent by Operators of Day Care Homes on Children's Activities*

Hours per Day	Playing Games	Reading to Children
0	35.1%	50.3 %
1	36.4	46.8
2	18.7	2.9
3	7.1	0.0
4	1.3	0.0
5 or more	1.4	0.0
Total	100.0%	100.0 %
Median Number of Hours	1.0	0.0 **

*Day Care Survey - 1970

**The average, about one-half hour, is more meaningful

Table 18: Children's Activities and Caretakers Roles in Family Day Care

I. Nature of Supervision

A. 80% of operators described their care as "supervising" the child.
B. 15% of operators described their care as "Watching" the child.
C. 5% of operators described their care as "babysitting."

II. Kinds of Activities

A. Number of hours children watched television
1. 9% never allowed children to watch television.
2. 28% allowed one hour a day.
3. 48% allowed two hours a day.
4. 15% allowed more than two hours a day.

B. Physical and mental growth stimulating activities
1. Frequency of special projects
a. 28% more than two times a week.
b. 7% two times a week.
c. 12% once a week.
d. 53% as often as their time allowed.

2. Availability of special materials and equipment
a. 33% educational material and muscle building equipment.
b. 55% educational material.
c. 12% no special materials or equipment.

III. Amount of Individualized Attention Given Child

A. 15% more than two hours a week
B. 5% two hours a week
C. 80% as often as time allowed

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*Day Care: Planning to Meet Community Needs, 1971.

Table 19: Estimated Family Income of Parents of Children in Day Care Homes*

Income	Percent
Under $2,000	6.7
2,000 - 2,999	7.6
3,000 - 3,999	4.9
4,000 - 5,999	15.9
6,000 - 7,999	23.5
8,000 - 9,999	21.6
10,000 or more	19.8
Total	100.0
Median $7,300	

*Day Care Survey - 1970

*Bryant, 1971

Table 19

Table 20: Length of Involvement in Family Day Care*

Years in Family Day Care	No. of Family Day Care Mothers
Less than ½	1
From ½ to 1	4
1 to 2	1
2 to 3	2
3 to 4	3
4 to 5	1
5 to 6	1
6 to 7	3
7 to 8	3
10 to 11	1
14 to 15	1
20	1
Total	22

*Sale and Torres, 1971

Table 21: Average Length of Licensure of Day Care Homes by Area*

Area	Average Time Licensed
A	3.8 years
B	8.2 years
C	4.8 years
D	6.5 years
E	3.4 years

*Day Care: Planning to Meet Community Needs, 1971.

References:

Day Care: Planning to Meet Community Needs. Minneapolis, Minnesota: Hennepin County, Office of Administrator, July 1971.

Day Care Survey - 1970, Summary Report and Analysis. Rockville, Maryland: Westinghouse Learning Corporation and Westat Research Inc., April 1971.

Sale, June, and Torres, Yolanda. "I'm Not Just a Babysitter." A Descriptive Report of the Community Family Day Care Project. Pasadena, California: Pacific Oaks College, 1971.

3.2 PRIVATE CENTER DAY CARE

Sponsorship

Day care services in individual private centers are generally provided by one person or one family. They tend to be small family businesses, typically characterized as "mom and pop" industries. They are usually not organized into large systems and tend to be provided in the area of the family's own home and neighborhood.

Staff

The staff of a typical "mom and pop" day care center is the owner and, perhaps one or two assistants. The assistants are mostly women with high school education. They are neighborhood people in that they tend to provide services to children in their own neighborhoods. There are generally no volunteers and few parents employed.

Children

The children range in age from approximately two to six years old. Only about half the centers provide before or after-school care and thus would try to keep the ages of the children they care for close, mostly between three and five. It is usual for this type of center to be socially and economically homogeneous; first, because the small size of the center (generally around thirty children), and second, because the centers usually take care of children from the immediate neighborhood.

The children served are usually from rather low-income families. Apparently only about a quarter of the families are in an income class over $8,000 a year.

Services

These rather small day care centers provide a minimum of services for the children. The centers do provide basic care and supervision; but they tend to have fewer staff members per child than most other types of centers.

Being in the day care center does, of course, provide some socializing experience for the child. However, this experience may be limited due to the lack of social and economic mix in the children who attend and the adults who operate the center.

Most centers provide lunch, and these centers provide dinner and breakfast more often than other types of centers do. It is interesting to note that these centers are more likely than other centers to allow the child to attend while he is ill. Approximately 15%-25% of these centers, a higher proportion than for larger centers, do not require physical examinations. However, the fact that other adults are in daily contact with the child makes it more likely that any problem the child has will come to the attention of his parents. Only about one-third of these centers have emergency arrangements with hospitals, physicians, or nurses.

These centers tend to be more poorly equipped for recreation than

other kinds of centers. Almost all have center-owned, outdoor play equipment, but only about half have indoor physical development equipment. Fewer than 20% of these privately owned centers have educational or development-oriented programs, and very few keep any kind of record of the child's development.

These centers usually do not provide transportation. However, they are usually located in neighborhoods near their clients' homes.

Facilities

The facilities of this type of center are usually owned by the operators. They tend to be in older buildings and are somewhat more likely to share a building also used for other purposes. Most are in single family dwelling units in a residential neighborhood of one-family homes.

As noted, the size of the center tends to be small, averaging around 30 or fewer children.

Clientele

The clientele of such centers consist mainly of lower income parents. Most earn under $8,000, with a significant proportion under $4,000. Most are drawn from the immediate neighborhood.

Approximately 97% of the mothers of the children in these centers are employed; this is a higher proportion than any other type of day care service.

Parent Contact

Although about half of these centers report holding parent conferences, there is probably no formal contact with most of the parents. Parents usually hear of the center through word-of-mouth in the neighborhood.

Opportunities for formal parent participation in such centers seem extremely limited. While some of these programs have boards of directors, parents are almost never included on them, according to a recent unpublished survey. Parents are almost never involved in developing curriculum materials or in teaching. A survey of private centers in California revealed that none had parent participation programs and the majority of owners and directors were opposed to involving parents in the activities of the center.

Stability

Small private day care centers seem to be at least as stable as any kind of day care center in operation. They are rarely, subject to any political or funding problems, since only a tiny proportion of them receive any federal funding (although some may receive such funding indirectly through AFDC or other welfare payments).

Charges

At $13 per week for the first child, the cost of these day care centers is generally lower than any other type of center. Inter-

estingly enough, these centers make allowances more than any other type for the number of children coming from the same family. Fees are dependent upon this factor in almost a third of these programs.

Image

The general image of "mom and pop" day care centers is that they may be inadequately staffed, and do not provide either good facilities or good developmental programs for children. They are more likely than any other kind of day care center to be unlicensed; approximately 50% are without license.

References

An Analysis of Private Preschool Programs. Private Nursery School Association of California, December 1970.

Day Care Survey - 1970, Summary Report and Analysis. Rockville, Maryland: Westinghouse Learning Corporation and Westat Research, April 1971.

Hoffman, David. A Study of Parent Roles in Day Care Programs for Five Types of Program Sponsorship. Previously unpublished; included here as Appendix B.

3.3 SYSTEM-OWNED DAY CARE

Sponsorship

Some day care services are provided through systems either owned or sponsored by corporations. Since this is a relatively new enterprise, some of these corporations are in their infancy and therefore have only one or two centers in operation. Other corporations have up to 10 or 20 centers in operation. The centers are controlled and managed by the corporation as a business, generally without participation by parents or community members (although community desires may be taken into account in the planning stage by the local zoning and planning commission).

Some corporations have been newly established by independent businessmen solely for the purpose of providing day care services. Other corporations are subsidiaries of larger corporations and therefore tend to have more financial backing, as well as general knowledge about starting, operating, financing, controlling and managing large businesses.

Staff

The staff of a system-owned and -operated day care center is usually hired by the director or head teacher of each individual center. In general, the staff of system day care centers are fairly well educated. Most of the staff, particularly the teaching staff, are women with former educational experience, especially experience in teaching in the public elementary schools.

In some cases the staff have had former experience in owning and operating their own private day care center.

The staff of systems operated day care centers tend to be neighborhood people in a particular sense; that is, they tend to come from the neighborhoods (mostly middle-class) from which the children are drawn, but are not necessarily personal friends or neighbors of the parents and children whom they are serving. There are probably almost no volunteers in the systems operated day care centers. Parents are generally not involved as staff because most of the parents are working. In general, perhaps 80% or more of the parents, including mothers, are working full time.

Children

System-operated centers tend to provide for children aged two through eight. Most of the systems centers do not have services for infants younger than 18 months, and rarely take children younger than 2½. However, it is characteristic of these services to provide after school care and, in some cases, before-school care for children up to eight. They rarely provide services for children beyond eight years of age, since their programs, equipment, and staff are designed for young rather than school-age children. Both the location and the price of systems centers tend to influence the social and economic mix of the children. Since all of the cost of these centers is paid

by parents through fees, this tends to place economic and social limits on the children who can attend these centers. To date, most of the centers provide service to lower-upper-class families, where the combined income of the parents is about $12,000 a year. Most of the children come from two-parent families; only about 20% have divorced or separated parents.

Services

System day care centers generally provide a good range of services for young children. Basic care and supervision is adequately taken care of by means of good facilities, especially new buildings. Zoning, health, and fire codes are strictly met and enforced for this kind of day care center. The adequate supervision of children in these centers is ensured by the adherence to state prescribed staff/child ratios. These centers tend to operate close to these state ratios, which are usually about one adult for each ten children for the age range involved.

In terms of social experiences for the child, system day care centers tend to be adequate. The systems are large -- generally 70 to 100 children -- and, although classes are broken down for different ages (approximately 20 children per class), there is considerable social interaction among adults and children. Many of the staff are scheduled part time, so that children who are there all day interact with several different adult staff members.

First-aid is available and most centers have some specific arrangements with physicians or other health services for emergency treatment. Otherwise, the health services of systems day care centers consist mainly of nutrition. The meals and snacks served by this type of day care center are probably among the best of any kind of day care service; facilities for handling large volumes of food are usually efficient, and meals are usually hot.

System day care centers do not provide medical, dental or psychological services; however, since by state law most of these centers require a physical examination for children, at least this minimal amount of medical attention is assured. System-owned centers probably tend to adhere to this requirement more strictly than other kinds of day care. This in itself indicates that children in systems day care would receive more medical attention than in other types of centers. Psychological services are not usually provided as a function of the day care center; but, given the skills of the staff, problems may often be brought to parents' attention.

Most of the large system centers are well equipped with recreational equipment and space for children to play. Most have a large and adequate supply of new recreational equipment for both indoor and outdoor use; there is little donated or used equipment.

There is generally a large indoor as well as a large outdoor play space.

While not oriented primarily toward a preschool educational program, most system centers do have a fairly substantial educational component. Many have developed material especially for use within their systems. These include audio-visual equipment for language and cognitive development as well as educational material on child development for use by staff. Although not strictly oriented toward cognitive development, many of the centers are well equipped to foster some characteristics of children's mental development.

Some centers provide assessments of the cognitive development of the children such as the Stanford-Binet IQ test and the Metropolitan Reading Readiness test. Also, progress reports on each child's development are usually prepared on a monthly basis and discussed with parents.

System centers tend to be well-equipped with standard nursery school equipment, such as books, records, and blocks.

Most system centers do not provide transportation for their clientele. They tend to be located in residential neighborhoods in locations convenient to the parent's homes. Parents are usually responsible for transportation of the child to and from the center. Transportation may, however, be provided from the local elementary school to the day care center for after

school programs. Since most of the parents of these children are driving to work and are in the neighborhood, transportation does not, in general, seem to be a problem for parents using these centers. However, the lack of transportation has undoubtedly prevented some parents from using this service as it has with other types of day care programs.

Facilities

Almost all system centers have designed and built new facilities specifically for day care services. Hence, as far as facilities are concerned, and this includes to a large extent the equipment and the grounds surrounding the facilities, system centers have probably the best facilities available of any of the types of day care providers. The facilities are generally large, accommodating 70 to 100 children, and there is some indication now that most system centers do not want to go below 100 children in constructing and operating new centers. The centers are located in two main types of locations. One type is the residential neighborhoods, especially suburban, where lower middle class or upper lower class parents are residing. Generally, these would be neighborhoods where incomes range from $7,000 to $25,000 per year, but generally combined incomes of about $12,000 a year.

An alternative to location in a residential single-family dwelling unit neighborhood is a trend by systems day cares to be operated by housing complexes, especially for low income personnel. In many instances, the zoning requirements for housing complexes restrict the

use of adjoining land for any other purpose. However, often it appears that waivers can be obtained for the development of a day care center in this space. This cuts down, to some extent, on the initial cost of the center. While these are relatively new, they appear to be a profitable and feasible way for systems-owned centers to operate. In these cases, the size of the center is adjusted to the size of the apartment complex. However, clientele are not restricted only to apartment dwellers. Others in the neighborhood have the center available for their use.

Clientele

As previously discussed, the clientele using system-owned centers tends to be people with yearly incomes between $7,000 and $25,000, with the median around $12,000 in yearly combined income. Most of the families, approximately 80%, are intact two-person families, with about 20% from single-parent families. Single-parent families are the result by divorce or separation, rather than desertion or of illegitimacy. The clientele are generally located in the immediate neighborhood of the day care center or in the case of apartment units, on the same site.

Most users of systems day care centers tend to learn about it through public media rather than through direct referral. However, it may be possible that more direct referral from other persons will be used more often, as systems day care centers are a relatively new phenomenon. One center reported that they used no advertising except a notice in front of the building under construction as to its opening date and the number to call. They were completely enrolled by the time the center opened.

Parent Contact

Systems day care centers appear to rely on two types of parent contact. One is direct interaction when the child is brought to the center. Some centers have experienced difficulty in having parents pick up and deliver children, and have resorted to a formal sign-in and sign-out mechanism.

The other way in which information is conveyed to parents is through written material. Some centers have designed material that the children may take home every week on the activities in the educational program. In addition, progress reports on the child's development are distributed or sent to the parents at regular intervals. Some systems-owned programs place considerable stress on parent participation, usually in educational roles. Parent meetings are regularly held and parents are encouraged to reinforce the educational gains made by their children. Parents are probably included very rarely in planning or setting objectives for the overall policy of the programs; usually they become involved after the program is already in operation.

Stability

Day care centers provided by systems have been in operation only a short length of time, and it is difficult to tell whether these services will maintain stable and consistent service. There is some indication, however, that this will be the case. Unlike the small individual for-profit centers the services in systems centers are run by businessmen who are experienced with problems of owning

and operating a profitable business. Thus problems of profitability, ownership,or operation will probably be recognized and dealt with immediately. Such a problem in one system resulted in their buying back certain franchises. Day care systems have made initial mistakes, as all businesses do, but have acted promptly to correct most of them and to find other feasible mechanisms for operating.

Since the funding for the centers comes entirely from parents, it is unlikely that these centers will be subject to funding and management problems resulting from political conflicts. Most systems centers have designed their programs to ensure a clientele who could afford their services, whether or not a governmental day care program was in operation. The only factors that might affect funding for this program would be trends in the economy as a whole. However, this is a stability factor affecting all other kinds of services as well, and is not unique to system day care.

Charges

System day care receives most, if not all, of its charges directly from parents' fees. These are generally between $20 and $30 a week for major day care services. This includes cost of the day care plus a profit percentage for the corporation. Most of the corporations tend to be fairly tightly run, and control cost, inventory, equipment, staff, salaries, and staff time.

Image

System day care centers are located almost exclusively in middle and upper class neighborhoods. Among middle-class parents, system day care center services have a good image. They are seen as a safe place for parents to leave their children. Some have developed specific educational and development programs; but the educational program is not so structured that it concerns parents, especially middle-class parents, who do not want their child to be in a competitive school-type environment too early. They probably endorse some educational components, but are not overly concerned about whether the child is learning to read or write. In fact, given preferences, middle-class parents tend to desire more social experiences for their child. This may be especially true for parents with only one child or parents who have the youngest child at home while the other children are in school. Many mothers are concerned about playmates for their children, as well as about returning to work, and they feel that a system day care center in their neighborhood or in their apartment complex would be an almost ideal solution to both companionship for their child as well as care for their child while they are working.

References:

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Consultations:

Grassgreen, Richard J., Executive Vice President of Kinder Care Nursery Schools, Inc. Private Consultation.

Leidich, James, President of Social Dynamics, Inc., Operator of Learning Tree Day Nurseries. Private Consultation.

3.4 INDUSTRIAL DAY CARE CENTERS

Sponsorship

Industrial day care centers are usually under the financial and management protectorship of a corporation or company, and are intended as a "fringe benefit" similar to health programs and insurance. They are usually owned or sponsored jointly by the company and the employees who use them.

In some cases such centers are run for the benefit of the company -- to decrease job turnover, decrease absenteeism, and increase the company's ability to attract qualified staff (this is especially true among industries that employ large numbers of women).

Staff

The staff of industrial day care centers is, according to academic criteria, usually well qualified. Most of the head teachers and assistants are qualified in the teaching profession or in early childhood development, or in both. There are usually no neighborhood volunteers or parents on the staff. The staff members, for the most part, are employees of the centers, which are often run jointly by boards composed of parents and company representatives.

Children

The children served by industrial centers are the families of company employees. The centers usually take younger children up until school-age; these centers, however, are located near the sponsoring

factory, rather than near schools, and have severe problems serving elementary-school-age children.

Although most industrial day care centers were initially designed to serve nonprofessional workers, a significant number of professional workers have enrolled their children. For this reason, this kind of center includes a more heterogeneous social and economic mix than most other types. (Some centers, however, serve more children of professionals than non-professionals.)

Services

Industrial day care centers tend to provide a full range of services. Because of the social and economic mix of the children and the size of the program, the children participate in a variety of social experiences.

Most industrial day care centers operate fairly extensive health programs. In addition to nutritious and well-balanced meals, there are usually full medical, dental, and in some cases psychological services provided. This, of course, varies from one center to another.

Most of the industrial day care centers do have a fair amount of recreational equipment and provide good recreational facilities for children.

Almost all the industrial day care centers emphasize preschool educational programs, both for specific abilities and for general language development. These centers, more than some other types,

put emphasis on the cognitive development of the child and may tend to emphasize preschool abilities, especially reading and writing. Most maintain developmental records of the children.

Most industrial day care centers do not provide transportation. Most are located near the factory itself and the parents bring the children.

Facilities

Almost all industrial day care centers are in renovated facilities near the site, if not at the site, of parents' employment. This means they are located in commercial or industrial areas in most cases. Most of the industrial day care centers are large in size, with a capacity for 80 to 100 children. The facilities, although renovated, are usually adequate or more than adequate.

Clientele

Most of the clients of industrial day care centers appear to come from the lower or middle economic ranges of company employees, -- professional workers, however, sometimes use such facilities in larger numbers than expected. Parents live throughout the entire area from which the company draws its employees. They learn about the day care center through the company, although there is little evidence that people join the company simply because it provides a day care service.

Parent Contact and Participation

Most of the industrial day care centers are jointly operated by a parent and company board, which keeps some parents in close contact with the program. Most parents, however, come in contact with the program mainly when they bring the child to the center and when they come to the center for monthly conferences, which furnish information on their children's development.

Stability

Industrial day care centers have had difficulty in maintaining full capacity. It appears that most of the industrial day care centers have overestimated the desire for day care at an industrial site and therefore have not been able to fill their centers to capacity. As a result, most of the centers have admitted people from the community on a fee basis.

Charges

Industrial day care centers were initially supported by parent fees and funding from the company. However, when slots in the day care center are sold to non-employees, they are sold at full cost. Most of the industrial day care centers have not received much public funding; although, when they have made services available to the general community, some have been able to receive Title IV funding.

Image

When industrial day care was begun, it was assumed that the convenient

location would be an advantage. However, many parents report that transporting children at early hours over long distances, often by public transportation, proved to be a significant disadvantage.

Only a few centers are full to capacity; it appears that only industries with a very high concentration of women employees, such as textile factories and hospitals, will be able to utilize industrial day care centers to full advantage.

References:

Curran, Joseph R., and Jordan, John W. The KLH Experience: An Evaluative Report of Day Care in Action at the KLH Child Development Center, Cambridge, Massachusetts. Cambridge, Massachusetts: KLH Child Development Center, 1970.

Hawkins, David F; Curran, Joseph R.; and Jordan, John W. Industry Related Day Care: The KLH Child Development Center, Part I. Cambridge, Massachusetts: KLH Child Development Center, n.d.

A Study in Child Care 1970-71. Volume I: "Findings." Cambridge, Massachusetts: Abt Associates, 1971.

Consultation:

Lohn, Gary H. Control Data Corporation Day Care Center, Minneapolis, Minnesota. Private Consultant.

3.5 PRIVATE COOPERATIVE DAY CARE

Sponsorship

Many cooperative day care centers are owned, financed, and operated by groups of middle- and upper-class parents who have organized to provide day care for their children. In cooperative day care, the parents have complete autonomy in deciding when to form a day care group, where it should be located, what staff to hire, and all other decisions concerning objectives and operation of the program.

Staff

Cooperative day care parents usually hire a full-time director for the day care program. In general, cooperative day care parents have high standards for their children's care, are well-educated and sophisticated about child development, and are intensely involved in the day care program. As a consequence, the education and experience of the program's director and the teachers is usually of high quality. The parents "volunteer" as aides, administrative assistants, and perform all other functions of the day care center, including fund raising, promotion, and so forth.

However, definite roles are usually assigned to each parent, and they are expected to perform these functions in payment for the day care services provided to their children. Thus, the parents are not really volunteers, but are rather working in return for day care services for their children. The kind and amount of

service required varies tremendously among cooperative day care centers.

Children

The children served by cooperative day care centers are those of the parents cooperating in the center. There is very little service provided to any children outside the cooperative center, although in some cases parents who are working full-time may be allowed to pay a fee for day care services rather than volunteering in the center. Most programs serve preschool children; there are not many after-school programs. This is partly a function of the educational aims of the program, which will be discussed later.

The socio-economic level of cooperative day care centers is usually high, since they tend to exist in fairly high middle- to upper-income neighborhoods and around university campuses.

Services

The services provided by cooperative day care centers focus on care and education, as well as social experiences. Due to the number of different volunteers who are in the day care center as parent volunteers, the children receive many different social experiences with different adults. The centers are usually well equipped to provide recreation for children.

Most of the day care centers do not directly provide any health services. Parents are usually responsible for this service

themselves, although, meals are included when necessary.

No psychological services are provided; but many of the psychological problems of the child may be discovered when parents get together to discuss children's problems.

Cooperative day care centers are an outgrowth of the cooperative nursery schools established in the 1930's. Because of this background, they concentrate fairly heavily on educational and enriching experiences for their children.

A particular function of cooperative day care centers is their focus on parent education. As an outgrowth of nursery schools they are concerned with children's problems, child development and education for parenthood. In addition, they provide training for parents in the leadership and management skills necessary to run a day care center.

Most cooperative day care centers provide transportation on a cooperative basis. This is usually one of the services that is made available to parents, and one of the roles performed by parent volunteers.

Facilities

Most of the cooperative day care facilities are renovated rather than new; they tend to be located in public service buildings or in churches. They are usually located in the neighborhood where the cooperative day care parents live.

The size of the cooperative day care centers is generally small, averaging around 30 to 40 children.

Clientele

The clientele, or parents, of the cooperative day care centers, tend to come from relatively high income and educational groups. Usually they have come together through common interests or common membership in another organization. For example, the cooperative day care program may have its roots in a church group or a group of faculty members or students at a university.

Parent Contact and Participation

Parent contact with a program that they manage and operate themselves is, of course, extremely close. This is reinforced by the existence of parent education groups. An international association of parent cooperatives provides materials and assistance in training parents for the many roles they must assume, from management of the program to teaching.

Stability

There is little known about the stability of parent cooperatives in which the orientation is toward day care rather than educational services. As previously noted, cooperative day care groups are an outgrowth of cooperative nursery schools, and these have a long history of stable service. Political funding is not a problem for cooperative day care groups, since they tend either to raise their own funds or to provide most of the services through a cooperative arrangement.

Charges

The direct cost of cooperative day care tends to be low, since most parents donate or are assigned a certain amount of work in return for the day care service. In some cases, fees are levied, and for some persons who cannot provide any in-kind contribution, additional fees may be charged.

Image

The general image of cooperative day care centers is good. They have the advantage of direct control by parents of the service as provided by the day care center. Some of the disadvantages are that such centers demand highly interested parents and sustained effort to succeed. Those involved in cooperative day care have suggested that this form of day care would have disadvantages if it were tried with a group who represented a variety of socio-economic groups. A disadvantage that has been voiced is that low-income people would be shunted aside by the more verbal and socially experienced members of the middle-and upper-classes. This disadvantage is a matter of conjecture at this point.

References:

Bergman, Roberta; Jones, Cynthia; and Meyers, Barbara. "Three Parent Cooperative Models for Day Care Centers and Pre-Schools." D'Urfe, Quebec: Parent Cooperative Preschools International, n.d.

"Focus on Children and Youth." Parent Cooperative Preschools, International Information Report for 1970. D'Urfe, Quebec: Parent Cooperative Preschools International, 1970.

Consultations:

Day Care Delivery Systems Workshop. Unpublished Transcript. Minneapolis, Minnesota: Institute for Interdisciplinary Studies, 1971.

Jones, Cynthia, Vice President, Parent Cooperative Preschools International. Private Consultation.

3.6 PRIVATE, COMMUNITY-CONTROLLED DAY CARE CENTERS

Sponsorship

Private, community-controlled day care centers are often cooperatives, operated by parent groups. Thus, they are often similar to the cooperatives described in Section 3.5 in the form of their sponsorship. The differences between the two kinds of cooperatives are in their style, ideology, and sociocultural origins. The day care programs described in Section 3.5 grew out of the cooperative movement of the 1930's and serve mainly the upper and middle classes. The cooperative day care centers described in this section grew out of the recent demands of various minority groups for self-determination and self-sufficiency. Communities served by this type of day care center are ethnically mixed and culturally disadvantaged.

Although private, community-controlled day care programs are often operated as cooperatives, they are also sometimes operated under the auspices of institutions, such as church organizations. In any case, they are characterized by their interest in incorporating community values and community participation in all phases of operation. Frequently, day care is only one aspect of a multi-faceted community organization and self-improvement effort.

Parents often have complete responsibility for managing and supporting such programs. Sometimes, however, ultimate responsibility is in the hands of a board of community members overseeing the total community program.

Staff

Although there may be hired staff members, they are usually neighborhood people who are paid by parents, either from their own incomes or, frequently, through parents' fund-raising efforts. Parents also perform many functions on a volunteer basis. Many of such centers seek alternatives to the values and standards of the dominant majority culture, and place less emphasis on traditional educational and academic qualifications in choosing their staffs than do most other types of centers. Standards for staff may be equally as high as in traditional centers but are more subjective, usually emphasizing the warmth and responsiveness of the caretaker to the children.

Children

Community-controlled day care centers usually care for children of all ages; many of the larger centers have special programs for age groups from infants to adolescents. Such centers usually serve children from many minority and majority ethnic groups, though the children are almost exclusively from low-income families.

Services

In addition to basic care and supervision, most such centers attempt

to provide social and intellectual experiences for children designed to combat the conditions of disadvantage in which the children live. Many have developed curricula in which cognitive growth is combined with the development of a positive self-image and prideful ethnic identity. Since most centers serve several ethnic minorities, inter-cultural understanding is stressed as well as pride in one's own particular background.

The variety of ethnic groups represented, as well as the many kinds of staff and volunteers who interact with children, provide children with a variety of social experiences in addition to those formally provided through the curriculum.

Although the program does not provide any health component as such, meals generally are provided.

Private, community controlled centers tend to be under-equipped for the number of children and types of children that they have; although there is a great deal of social interaction, there is usually less recreational equipment and space.

Facilities

Most of these day care centers are located in old buildings, often with little renovation. Physical facilities tend to be among the poorest that are available because of the limited resources the parents and staff are capable of mustering. A few such centers which have attracted considerable public support have succeeded in providing themselves with more adequate facilities.

Some of the centers are very large, sometimes serving two- and three-hundred children. Some community-controlled centers may be among the largest programs in existence.

Clientele

The clientele of community-controlled programs usually live in low-income areas in the immediate neighborhood of the day care service. Referral is almost always by word of mouth.

Parent Contact and Participation

The day care centers are often a focus of other community activities, and communication between the day care centers and parents is close. Parents also come in contact with the program through volunteer participation in the classroom and on policy boards. Some variation exists among community controlled programs in the directness of parents' involvement. In some programs, all parents whose children are enrolled in the program are actively involved in policy formation and perform most of the functions necessary for operating the program. In other programs, the policy board consists of a smaller group of parents who are usually elected by the rest of the parents. The policy board may then hire staff to carry on day-to-day operation of the program, although priority for employment is usually given to parents and community people. Almost all such programs encourage parents' active participation as volunteers in the classroom.

Stability

It is difficult to make a precise statement regarding the stability of these kinds of day care services. Although they are almost always in need of money, they are usually new and may gain stability from the commitment of the persons involved. Because these centers tend to shun any kind of government funding in order to avoid government control, they are usually not dependent upon political funding decisions.

Charges

Because of large, in-kind donations of parents and private funding, the cost of such centers is generally low. Parent fees are about five dollars a week per child.

Image

Community-controlled, private day care programs are controversial -- due to their association, in many instances, with militant minorities and their tendency to spurn both regulation and funding by the government. Attitudes toward such programs are probably related to other social and political attitudes, and thus vary greatly among various subgroups of the population.

References:

CAM 6 Years Later: Report of the CAM Programs. Chicago: Christian Action Ministry (this publication has no date, but internal evidence suggests that it was written in 1970).

Comprehensive Child Development, Career Development, and Family Services. Chicago: Christian Action Ministry, n.d.

A Study in Child Care 1970-71. Volume II A: "Case Studies." Cambridge, Massachusetts: Abt Associates, 1971.

Consultation:

Richmond, Grace, Education Director, West 80th Street Day Care Center. Private Communication.

3.7 PRIVATE, NOT-FOR-PROFIT DAY CARE CENTERS

Sponsorship

Private not-for-profit day care is probably the oldest form of day care in the United States. It is usually sponsored by private charity, such as United Fund agencies or by churches. The management of such centers is usually under the control of the board of membership of the church or community fund agency, and rarely offers parents primary decision-making roles, although parent advisory boards are common.

Staff

The staff members of private, not-for-profit day care centers tend to be well educated, traditional child care personnel. They do not usually include neighborhood people or parents, though some private not-for-profit groups do use volunteers.

Children

The children served by the private not-for-profit day care tend to be aged two to six, and some programs care for infants. Children are usually from the lower social and economic groups when the program is run by charity or a community fund agency; church programs often enroll a substantial proportion of middle-class parents.

Services

Services provided by private, not-for-profit day care are usually

good: basic care and supervision with adequate nutrition in the meals that are supplied.

Most private not-for-profit groups do not provide medical, dental, or psychological services; but such groups may be incorporated into charitable organizations that do provide family counseling along with other family type services.

Most of these groups have adequate facilities and equipment and space to allow for considerable recreational activities for the child.

While not generally focusing on cognitive development, most private not-for-profit groups do provide for the development of children's language skills and general competence.

Most of the private not-for-profit centers do not provide transportation.

Facilities

Most private not-for-profit groups are not in new facilities; but their facilities, whether new or renovated, were often designed originally for child care services.

They are generally located in semi-depressed areas, and accommodate 60 to 70 children on the average.

Clientele

The clientele of private not-for-profit groups come mostly from low and middle-income parents. However, there is some indication that the disadvantaged parents tend to be more middle-class in values and family structure than the low-income clientele of publicly financed centers. This type of center serves a relatively small percentage of minority group families.

Parent Contact and Participation

Parents' roles in private non-profit centers resemble those of parents in the traditional parent associations of the public schools. Parents are active in many support roles and volunteer activities, but are not likely to be involved in setting policy for the overall program. This is reflected in the fact that when parents are included on boards for this type of center, the boards are likely to have an advisory rather than a policy-making function. Parent board members are likely to be selected by the director of the program, rather than being elected by other parents. They are rarely involved in planning before the program begins operation, so they have little opportunity to help shape goals and objectives.

Stability

Private not-for-profit day care has a longer history of stable operation than any other kind. However, some "welfare children" have been provided services by private not-for-profit centers under purchase agreements with the welfare departments. With welfare

departments changing their concept of day care and its cost, some private groups may find funding somewhat more difficult than it has been in the past.

Charges

Generally, private charities and donations pay most costs of these centers, although parents are charged fees according to income as a general rule.

Image

The general image of private not-for-profit groups is positive. They are generally looked upon as charitable services provided for children of mothers who must work.

References:

Hoffman, David. "A Study of Parent Roles in Day Care Programs for Five Types of Program Sponsorship." Previously unpublished, included here as Appendix B.

A Study in Child Care 1970-71. Volume II A: "Center Case Studies." Cambridge, Massachusetts: Abt Associates, 1971.

Consultation:

Berres, David, Amherst H. Wilder Foundation, St. Paul, Minnesota. Private Consultant.

3.8 PUBLICLY FUNDED COMMUNITY DAY CARE CENTERS

Sponsorship

Community, publicly-funded day care centers are usually sponsored through some public agency, such as the family service department of a city or state, OEO, HEW, and in some cases HUD. OEO sponsors Head Start day care and other day care programs. HUD funds day care through Model Cities Programs. Although the funding or sponsorship of these programs comes from outside the program itself, generally the programs are managed and directed at the community level. Parents and other community members are often involved in program management, and the day care program is often connected with other community-based programs.

Staff

Because of the large amounts of outside funding, community-based programs tend to have a core staff with good academic qualifications and experience. In addition, the staff may be supplemented by neighborhood people, either on a paid or voluntary basis. Parents and other community members are almost always encouraged to participate in center activities.

Children

Children in community day care centers tend to be in the age range of two to six. Not many centers provide infant care and only a few provide after-school care.

The social and economic mix of the children tends to be limited to ethnic minority groups and a high proportion of economically disadvantaged children. This is partly due to the funding arrangements which often exclude any but disadvantaged children.

Services

In addition to basic care and supervision, most of these programs tend to provide a full range of services to the children. Basic care and supervision are generally very good, and although the programs are not usually large, the number of teachers and neighborhood volunteers give the children a variety of social experiences and contacts. Meals and snacks are provided. In addition, most programs have arrangements for providing medical, dental, and psychological services either through the program or through referral.

Although not all public community day care centers have equipment, and in fact some are poorly equipped, but by and large most have adequate recreational equipment and play areas.

As a generalization, these programs tend to emphasize education, especially language, and in some cases specific cognitive skills such as reading and writing.

Most of the community-managed day care centers do not provide transportation.

Facilities

Community-managed programs tend to be located in renovated buildings within a depressed urban area in the immediate community of the disadvantaged families who use these centers.

Clientele

The clientele are low income families who reside in the immediate neighborhood. They may be referred to the day care center by a Community Action Agency or other information source.

Parent Contact and Participation

Parents often have a strong role in policy formation for publicly funded community programs. About 40% have policy boards and close to 60% have advisory boards which include parents. Parents are usually in the majority on these boards, and are most often elected by other parents. More than half of these involve parents during the writing of the proposal, and some involve parents even earlier.

Parents in these programs often share the responsibility for teaching children, and have a voice in developing teaching materials. Many such programs have a specific staff member to work with parents or provide special training to their staff for working with parents. Between 12 and 16% of the total program budget is often devoted to staff and activities for parents. Most programs have newsletters, often written by the parents themselves.

Stability

Since most of these programs are funded under fairly new service programs, it is difficult to estimate their stability. Many such programs originally funded under Head Start have been abolished as Head Start policies have changed and funding has been withdrawn. The same is true for some day care programs designed for parents enrolled in specific programs, such as the Concentrated Employment Program.

Charges

Most programs are publicly funded from sources outside the community and do not charge parents fees. Sometimes donations are received from parents, but this is generally not the case.

Image

The general image of these community oriented day care programs is good. Working parents in depressed areas appreciate the services.

The disadvantages of such day care services are the instability of their funding sources and the limitation of clientele to the disadvantaged.

(Appendix C contains a description of a model federal-state-local administrative system for community-oriented, center-based day care. The model was designed at a workshop on day care delivery systems held by the Day Care Policy Studies Group.)

References:

Curriculum Guide for Compensatory Preschool Educational Programs. Sacramento: California State Department of Education, 1970.

Day Care Survey - 1970: Summary Report and Basic Analysis. Rockville, Maryland: Westinghouse Learning Corporation and Westat Research, Inc., April 1971.

Hoffman, David. A Study of Parent Roles in Day Care Programs for Five Types of Program Sponsorship. Previously unpublished; included here as Appendix B.

Hunt, Grace B. "Developing Public Day Care Facilities in Maryland." Child Welfare 49(1970):220-233

4.0 EVALUATION OF TYPES OF DAY CARE SERVICES

In this section, each of the types of care described in Section 3 will be evaluated using the findings on parents' preferences which emerged from Section 2.

Each type of care will be analyzed according to each of the following considerations:

1. How extensively is this form of care used, and how satisfied are parents who use it?
2. What proportion of parents would prefer this type of care if they had a choice?
3. Does this form of care have the features and services parents have expressed a particular desire for?
   a. Overall quality
   b. Safety
   c. Nutrition
   d. Well qualified staff
   e. Behavior training
   f. Social experiences
   g. Educational experiences
   h. Health care
   i. Opportunities for parent participation
   j. Convenience
   k. Closeness to home
   l. Low cost

These individual features are not, of course, equally stressed by all parents. The percentage of parents mentioning each feature, and income and race variations in concern for each feature, will be considered in the evaluation whenever possible.

Finally, suggestions as to how each form of care could be altered to conform more closely to parents' preferences will be discussed.

Family day care homes

1. How extensively is this form of care used, and how satisfied are parents who use it?

It is difficult to estimate how many children use this type of care, although the Westat survey of low income families estimated that about thirteen percent of all children are cared for in family day care homes. The same survey found it to be one of the least satisfying kinds of care to the parents who use it. Unfortunately, this was the only survey in which the family day care was considered separately from informal baby-sitting arrangement in the homes of others. Such arrangements are also among the least satisfactory.

2. What proportion of parents would prefer this type of care if they had a choice?

Only one study gave data on parents' preferences for family day care homes separately from data on care in homes of non-relatives generally. In this study of a middle income, predominantly black community, about 9% of families currently used such care, but about 25% of them said it would be their preference if they had a choice.

Other surveys have asked only about parents' preferences for care in the homes of others, without differentiating between formal and informal arrangements. When the question is asked in this general way, only a small percentage of mothers indicate that such care would be their preference. Many mothers are dissatisfied with informal "baby-sitting" arrangements in the homes of others because of difficulties in scheduling and the instability of the arrangement. Black mothers have expressed particular concern about these arrangements because they are often anxious about the safety of their own neighborhoods as an environment for child care. Possibly, this concern is shared by other low-income mothers, and accounts for the low satisfaction with and little preference for family day care homes and care in the homes of non-relatives generally.

3. Does this form of care have the features and services parents have expressed a particular desire for?

   a. Overall quality. Parents are concerned that day care arrangements should be clean, should not be overcrowded, and should allow for individual attention for their children. Many mothers do not know about licensing requirements for family day care homes and do not know whether the homes they use are licensed or not. Thus, they do not know that formal quality control mechanisms exist.

   b. Safety. Mothers have expressed anxiety about the safety and reliability of care outside their homes by non-relatives, and they may generalize these feelings to include family day care homes. The undetermined percentage of day care homes that are licensed, again, makes it difficult to judge whether the homes meet the criterion.

   c. Nutrition. The licensing problem also applies to nutritional services. Uncertainty about the quality of meals served may contribute to some parents' hesitancy about this form of care, since good nutrition is always mentioned by parents as a basic expectation as well as a high priority requirement for day care services.

   d. Well qualified staff. Most family day care mothers are high school graduates, but do not have the traditional

qualifications for professionals in early childhood education. However, this does not mean they are unqualified in the eyes of many mothers. Personal qualities of warmth and motherliness are probably more important than formal qualifications to many mothers who place their children in this form of care. Until further research is done on the characteristics of day care mothers and on the standards mothers use in judging the qualifications of their children's caretakers, it is impossible to evaluate family day care homes in this respect.

e. Behavior training. One survey of lower class mothers showed that a large proportion of these mothers expected training in descipline and behavior from day care services. However, another survey showed that expectations for this training were low for care by non-relatives outside the home, and highest for family members. Whether mothers expect such training from a family day care mother, and whether such expectations would be justified, cannot be determined at this time.

f. Social experiences. Average enrollment in day care homes is less than 2 children. Many such homes would not provide children with playmates and opportunities for social development. Homes serving larger groups of children would provide for social interaction with a

limited number of children of similar background. Whether a day care home met this requirement, a significant one for many parents, would depend partly upon the number of children enrolled in the home.

g. Educational experiences. Educational services were named as a first or second priority concern by two lower class and two middle class communities, and as an expectation by many mothers in a nationwide survey of low income mothers. Lack of such services is certainly a major problem these homes would have in living up to mothers' expectations.

h. Health care. Day care mothers may be more willing to care for children when they are sick than centers; however, they offer no formal health care programs.

i. Opportunities for parent participation. There are probably no formal activities for parents connected with family day care homes. However, there may be many more opportunities for communication between client mothers and the day care mothers than in larger programs. Many mothers may feel a greater sense of control over their children's care under these circumstances. However, the opportunities for policy participation and educational programs which many parents desire are lacking in family day care.

j. Convenience. Family day care homes are more likely to permit unusual hours and to serve dinner and breakfast as well as lunch. Thus, at present they are among the most convenient forms of care. Parents in all income groups name convenience as a high priority consideration.

k. Closeness to home. Closeness to home was named as a high priority concern by many parents in a state survey, and transportation problems are always mentioned in connection with day care. Clearly, day care homes are freer of such problems than any other form of care.

l. Low cost. The cost of family day care to parents is comparable to that of care in the less expensive proprietary centers.

Family day care meets the criteria of convenience and closeness to home extremely well. However, there are problems with virtually all of the other considerations. This may explain why parents' satisfaction with such care is relatively low.

The criteria associated with overall quality of day care are safety, nutrition, and qualified staff. However, it is difficult to know how many centers meet such requirements, since it is unknown what proportion of homes are licensed. Many parents probably do not know that quality control mechanisms exist, and thus are doubtful about the safety and supervision such homes provide.

Licensing requirements are difficult to enforce because day care homes are less visible than centers. However, an incentive system might increase the homes' interest in becoming licensed at the same time that it might help reassure parents about the quality of care in the homes. Incentives could be in the form of support services and materials, such as food, play equipment, and small grants for renovation.

Support services could also help the homes provide some of the additional services parents are concerned with, such as education and health care.

In order to assure adequate social experiences, licensing requirements might include a minimum as well as a maximum number of children allowable in each home.

Support services and quality control imply an organized community-wide network of family day care homes. Such an organization could provide some of the opportunities for participation which parents have expressed a preference for. Communities could have parent boards who would help decide what support services are needed and how to allocate them. In such a position, parents could also assist in control of quality.

Parents have expressed interest in neighborhood groups for study of child development. The family day care home would seem an ideal center for such activities. With support from professionals

the family day care mother could work with parents of children in her care as well as other parents in the neighborhood to improve the skills with which they interact with and teach their children.

Private Center Day Care

1. How extensively is this care used, and how satisfied are parents who use it?
2. What proportion of parents would prefer this type of care if they had a choice?

Private proprietary centers provide about 58% of all care provided by centers. All centers combined provide only 6% of all day care, although this rises to 15% when preschool children also are considered.

Parents who use centers are among the most satisfied of all day care users, and at least a third of all parents state that center care is their preference. Unfortunately, there are no data on differences in satisfaction with and preference for centers by type of sponsorship.

3. Does this form of care have the features and services parents have expressed a particular desire for?
   a. Overall quality
   b. Safety

c. Nutrition

All of these concerns of parents are probably well met by small private centers, since all must be licensed.

d. Well qualified staff. In general, the personnel of small private centers are no more qualified educationally and professionally than day care mothers, while not necessarily having the warmth and motherliness of the latter.

e. Behavior training. It is difficult to know the kind or quality of discipline and reinforcement techniques used in such centers.

f. Social experiences. A major advantage of such centers is that they provide playmates and play equipment for children.

g. Educational experiences. The educational program in these centers may be rather minimal.

h. Health care. Health services are also probably at a minimum.

i. Opportunities for parent participation. Such centers usually have no program for parents.

j. Convenience. Hours in these centers may sometimes be more flexible than in large centers, although not so flexible as day care homes.

k. Closeness to home. Such centers are usually used by parents in the immediate neighborhood.

1. Low cost. These centers are comparable to day care homes in cost.

The main advantages of small private centers are their convenience, closeness to home and relatively low cost. These are advantages shared with day care homes which, however, may have them to a greater degree.

If a system of support services, quality control and parent participation, such as the one recommended for family day care homes, were adopted, small private centers could also participate in such a system. Additional staff training, educational services, play equipment and health services might help them meet parents' standards more thoroughly.

System-Owned Day Care

1. How extensively is this form of care used, and how satisfied are parents who use it?
2. What proportion of parents would prefer this type of care if they had a choice?

The findings on utilization, satisfaction and preferance described under "Private Center Day Care" apply to all centers.

3. Does this form of care have the features and services parents have expressed a particular desire for?

a. Overall quality

b. Safety

c. Nutrition

These basic requirements are well met by system-owned day care.

d. Staff qualifications. Many staff members are well educated and have former teaching experience.

e. Behavior training. Orderly routines and educated staff probably help provide the discipline parents desire for their children.

f. Social experiences. Playmates and play equipment are ample.

g. Educational experiences. Such centers usually have an extensive educational program. This would make them particularly attractive to black and lower class parents if they were available to such parents.

h. Health care. Programs of health care are minimal.

i. Opportunities for parent participation. Most such systems include little participation. However, some include parent education in child rearing.

j. Convenience. System centers do not usually have flexible hours.

k. Closeness to home. System centers usually draw clientele from a wide area.

l. Low cost. System day care is among the most expensive.

Lower class and black parents have expressed particular interest in care in centers with well qualified staff and an educational component. In this respect, system centers would meet parents' expectations; however, such centers are probably not available to lower income parents due to inflexible scheduling, high cost, and distance from low-income neighborhoods.

The management style of systems day care probably would never permit parent involvement in planning and policy making. However, more of these centers could develop parent education programs.

Industry Day Care

1. How extensively is this form of care used, and how satisfied are parents who use it?

   No figures are available on the extent to which industrial day care centers are used, or on parents' satisfaction with them, although parents' satisfaction with centers generally is high.

2. What proportion of parents would prefer this type of care if they had a choice?

About a third of all parents surveyed have expressed a preference for day care in centers; however, parents attitudes about industrial centers in particular have never been surveyed.

3. Does this form of care have the features and services parents have expressed a particular desire for?

   a. Overall quality

   b. Safety

   c. Nutrition

   d. Well qualified staff

   e. Behavior training

   f. Social experiences

   g. Educational experiences

   h. Health care

In all of the above respects, the day care provided by industry is probably comparable to day care provided by systems. Facilities are likely to be new and especially designed for the purpose; many staff are likely to be especially trained in early childhood education.

   i. Opportunities for parent participation.

      Many industry centers are run by combined boards of parents and employees. However, it would seem that parents' full expression of opinion concerning policy might be constrained by the employee-management relationships. In addition, the distance of the center from parents' neighborhoods might prevent any participation after work hours.

j. Convenience. Such centers would, of course, be open during the exact hours the parents were working.

k. Closeness to home. Distance and transportation are major problems for these centers, and may account for why they are under-utilized.

l. Low cost. Funding from the company helps defray cost to poverty.

Industry day care represents a way of obtaining high quality care with educational services cheaply and at convenient hours.

However, the problem of the distance from home is very real and may be insurmountable. Some large companies have considered establishing centers in their employees' neighborhoods; however, this would not be feasible for many companies.

Parents' roles in decision making for such centers seem ambiguous and should be studied further. The amount of influence parents could have is probably related to the strength of the employees' organization in the company or industry.

Private Cooperative Day Care and Private Community-Controlled Day Care

These two forms of care will be evaluated together, since data on parents' attitudes is not adequate to discriminate between them.

1. How extensively is this form of care used, and how satisfied are parents who use it?
2. What proportion of parents would prefer this type of care if they had a choice?

Data on parents' utilization, satisfaction, and preferences is not separately available for these types of centers. Centers in general are among the most satisfactory forms of care. About a third of all parents surveyed express a preference for such care.

3. Does this form of care have the features and services parents have expressed a particular desire for?
   a. Overall quality
   b. Safety
   c. Nutrition

All of these qualifications are probably met by private cooperative and community-controlled day care. Parents' management provides quality control over their children's basic care and supervision. Due to lack of financial resources, community-controlled day care may have more difficulty with overcrowding and unsafe facilities.

   d. Well qualified staff. Since parents in cooperative and community-controlled care hire staff themselves, it seems likely that staff have the qualifications parents want.
   e. Behavior training. Close communication between staff

and parents probably helps to assure that discipline and behavior training will be carried out in accord with parents' wishes.

f. Social experiences. Cooperative centers, like other centers, afford ample opportunities for children's play and social development.

g. Educational experiences. Both cooperative and community-controlled day care centers usually have educational programs. In both instances, parents help design and operate the programs, which suggests that the content and structure of the programs will be in accord with parents' wishes. Lack of resources, particularly in the case of community-controlled programs, might place limitations on the quality of educational programs.

h. Health care. Few formal health care programs exist among cooperative programs. Some community-controlled centers have information and referral programs to help low-income parents obtain health services.

i. Opportunities for parent participation. These centers obviously provide such opportunities in every aspect of their operation.

j. Convenience. No information is available about the extent of flexibility in the scheduling of such centers.

k. Closeness to home. Cooperative centers draw from wide areas, so transportation is necessary. Volunteers

usually provide this service. Community-controlled centers are usually in the neighborhoods of the children they serve, and often provide transportation for children living at a distance. Thus, transportation for children may be less of a problem for parents using these centers than for those using proprietary or publicly funded centers.

1. Cost. Parents in both types of centers often have fund-raising drives to help defray costs to individual parents. Costs are probably comparable to low-cost proprietary centers.

A problem in evaluating results of surveys has been that it is difficult to interpret what parents mean when they say they want "well qualified staff" of "a preschool educational program". Earlier, more detailed research into parents' preferences was recommended. However, in the case of cooperative day care, this difficulty is circumvented, because parents have the opportunity to put their preferences directly into practice--at least theoretically.

The extent to which individual centers labelled "cooperative" or "community-controlled" actually do permit participation in management and policy formation by all parents is open to question. Middle class cooperatives which have been in exis-

tence for decades may be under the influence of traditional policies which do not invite challenge from new generations of parents. Community controlled centers in low-income neighborhoods may be "captured" by special interest groups who wish to use them to serve their own ends. In either case, policy may fail to reflect the preferences of the majority of parents.

In spite of these problems, such centers represent an answer to many parents' desire for care in a center with educational services. Special grants for materials, equipment, and renovation might be made available to parent-initiated day care projects. This would help many such programs to overcome the problem of unsafe and overcrowded facilities which they now face due to lack of funds.

Private Not-for-Profit Day Care

1. How extensively is this form of care used, and how satisfied are parents who use it?

The Westat survey found that 18% of all day care centers were operated by churches and 8% by United Fund and similar community organizations. There are no data on satisfaction with individual types of day care center sponsors, although satisfaction with centers in general is high.

2. What proportion of parents would prefer this type of care if they had a choice?

Although there are no data on preference for types of sponsorship, about a third of all parents would prefer care in centers.

3. Does this form of care have the features and services parents have expressed a particular desire for?

   a. Overall quality

   b. Safety

   c. Nutrition

   d. Well qualified staff

Overall high quality care, safe facilities, and traditionally well educated staff are characteristics of private not-for-profit centers.

   e. Behavior training. The orderly routines followed in such centers would be conducive to traditionally-oriented training in discipline.

   f. Social experiences. Such centers provide children the opportunity to interact with children of many backgrounds.

   g. Educational experiences. Education programs are almost always provided by these centers.

   h. Health care. Little health care is provided unless the not-for-profit center is incorporated into a com-

munity center with comprehensive services.

i. Opportunities for parent participation. Such centers provide more opportunities for parent participation than proprietary centers, but less than cooperatives or many publicly-funded programs. Since policy is usually set by non-parent boards, parent involvement usually takes the form of volunteer work, fund raising, or parent education activities. Thus, the desire for policy participation expressed by many parents would not be satisfied by these centers, for the most part.

j. Convenience. These centers do not usually have flexible hours.

k. Closeness to home. Private not-for-profit centers are often far from parents' homes and rarely provide transportation.

l. Cost. Charges to parents are often low, since charities or foundations often pay part of the cost.

Private not-for-profit centers provide care of high quality, usually including educational services. However, many low-income parents probably are prevented from using these centers because of their work schedules or transportation problems. Technical assistance could be provided these programs to help them bring their services more into line with the needs of the poor, possibly encouraging them to open small centers in low-income neighborhoods, to pro-

vide transportation and to expand opportunities for parent participation.

Publically Funded Community Day Care Centers

1. How extensively is this form of care used, and how satisfied are parents who use it?
2. What proportion of parents would prefer this form of care if they had a choice?

About 11% of all day care centers are run by community action agencies and about 3% by state welfare departments, according to the Westat survey. Data on satisfaction and preference for different types of sponsorship are not available. However, center care in general is among the most satisfactory forms of care and is preferred by about one-third of all parents.

3. Does this form of care have the features and services parents have expressed a particular desire for?
   a. Overall quality
   b. Safety
   c. Nutrition

Parents probably feel that public community day care centers provide basic care and supervision of reliable quality, although facilities are often old and play equipment and materials are in short supply.

d. Well qualified staff. Staff members for these centers are likely to be selected on the basis of their familiarity with the community and their skill in working with the disadvantaged, rather than according to professional credentials in early childhood education. Whether parents themselves would use similar criteria is open to question. It has been pointed out that survey data are not adequate to determine what parents mean when they say they want well-qualified staff.

e. Behavior training. Since staff members of these centers are usually close to the communities they serve, they are probably able to give training in behavior that is in accord with parents' values.

f. Social experiences. Since such centers serve more low-income children than other types of centers, children's social experiences would be less varied.

g. Educational experiences. Most such centers have educational programs.

h. Health care. Centers in this category probably give more health care, including diagnosis, referral and treatment, than any other kind of center. Health care was mentioned as a high-priority concern by respondents in one statewide survey, and as an expectation by about 12% of mothers in a low-income sample. However, this feature is not mentioned as often as educational services, transportation

problems, etc.

i. Opportunities for parent participation. These centers are more likely than any other type to have well developed parent participation programs. Parent participation often begins early in planning for these programs, and parents often have substantial responsibility for staff selection and other administrative decisions.

j. Convenience. These centers rarely serve dinner, and do not usually have flexible hours.

k. Closeness to home. These centers are often located in the neighborhoods of the families they serve. Sometimes they provide transportation.

l. Low cost. This is probably the least expensive form of care available in centers. However, many parents may not be aware that costs for center care need not necessarily be high, since many low-income parents have expresses the fear that care in centers would be too expensive for them to afford.

Community day care centers would seem to meet more of parents' criteria for good day care services than any other type of center care. Of course, many kinds of centers funded under many different federal and state programs are included in this broad category and it is difficult to generalize. With the exception of Head Start programs, little information is available about the services

actually provided by government-sponsored day care programs. Many parents are probably unaware of the services available to them from government financed day care and of the low cost of such services. More extensive information and referral programs might help parents make use of the care that is available in their communities.

(Appendix C contains a description of a model federal-state-local administrative system for community-oriented, center-based day care. The model was designed at a workshop on day care delivery systems held by the Day Care Policy Studies Group.)

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APPENDIX A

EFFECTS OF DEMOGRAPHIC CHARACTERISTICS ON CHILD CARE ARRANGEMENTS AND PREFERENCES

The distribution of child care arrangements varies with income, race, and community. Different neighborhoods within a single community may also differ in their patterns of child care arrangements. Parents' preferences for types of child care also vary as a result of these characteristics, although these relationships have been studied less often. This appendix presents tables analyzing some of the relationships.

Table 1. Percent distribution of children by type of arrangements and family income.

From the Low & Spindler Survey, 1965

Arrangement	Total %	Under $3000	$3000-5999	$6000-9999	$10,000 up
Total	100.0	100.0	100.0	100.0	100.0
Care in own home by...	45.5	40.1	42.2	49.4	45.7
Father	14.9	7.4	15.2	19.3	12.6
Other relative	21.2	27.4	20.1	19.3	17.4
Non-relative	9.4	5.2	6.9	10.9	15.7
Care in someone else's home by.....	15.7	16.2	19.4	14.9	12.4
Relative	7.8	9.0	9.8	7.4	4.7
Non-relative	8.0	7.2	9.6	7.5	7.8
Other arrangements:					
Care in group care center	2.2	1.5	2.4	1.7	2.6
Child looked after self	8.1	10.6	8.0	7.6	7.2
Mother	28.0	31.4	27.7	25.8	31.2
Mother looked after child while working	13.0	20.7	14.6	9.0	11.7
Mother worked only during child's school hours	15.0	10.8	13.1	16.7	19.4
Other	0.5	0.2	0.3	0.7	0.8

Table 2. Percent distribution by type of arrangements and race

From the Ruderman Survey, 1962

	Percent	
	White	Negro
Total no. of arrangements	842	308
Child cares for self	7%	6%
Working mother cares for child	3	2
In-home		
Father	26	16
Sibling	11	15
Other relatives	16	19
Neighbor, friend, babysitter	6	6
Maid, housekeeper	7	1
Total in-home	76	65
Out-of-home		
Relatives	12	14
Neighbor, friend, babysitter	9	17
Nursery school or center	2	4
Recreation	1	-
Total out-of-home	24	35
Total arrangements	100	100

Table 3. Percent distribution of children by type of arrangement and by color

From the Low & Spindler Survey, 1965

Arrangement	% Total	% White	% Non-white
Total	100.0	100.0	100.0
Care in own home by...	45.5	45.7	43.5
Father	14.9	15.9	10.0
Other relative	21.2	19.4	28.3
Non-relative	9.4	10.4	5.1
Care in someone else's home by...	15.7	14.6	22.0
Relative	7.8	7.0	11.7
Non-relative	8.0	7.6	10.3
Other arrangements:			
Care in group care center	2.2	2.1	2.2
Child looked after self	8.1	7.7	10.4
Mother	28.0	29.6	20.9
Mother looked after child while working	13.0	14.1	7.7
Mother worked only during child's school hours	15.0	15.5	13.3
Other	0.5	0.4	1.0

Table 4. Percent distribution of children under 6 years of age by type of arrangements, color, and employment status of mother

From the Low & Spindler Survey, 1965

Arrangement	White		Non-white	
	Children of full-time working mothers %	Children of part-time working mothers %	Children of full-time working mothers %	Children of part-time working mothers %
Total	100.0	100.0	100.0	100.0
Care in own home by...	49.1	45.7	39.6	53.0
Father	10.7	25.9	8.5	9.1
Other relative	17.2	10.4	23.2	38.4
Non-relative	21.2	9.3	7.9	5.5
Care in someone else's home by...	35.7	13.0	43.6	35.2
Relative	16.4	5.5	22.8	25.1
Non-relative	19.3	7.5	20.8	10.1
Other arrangements:				
Care in group care center	7.8	0.9	7.3	2.7
Child looked after self	0.4	1.1	-	-
Mother	6.6	39.3	9.5	9.1
Mother looked after child while working	6.2	37.5	8.5	9.1
Mother worked only during child's school hours	0.4	1.8	1.0	-
Other	0.5	-	-	-

Table 5. Working mothers who would use a child care center by present arrangement and race*

From the Ruderman Survey, 1962

Present arrangement	% White	% Negro	Total %
Child cares for self	43	67	47
Working mother cares for child	58	***	61
In-home			
Father	40	69	47
Sibling	30	63	40
Other relatives	24	56	38
Neighbor, friend, babysitter	45	80	52
Maid	37	***	37
Out-of-home			
Relatives	23	54	44
Neighbor, friend, babysitter	44	82	58
Nursery school or center	**	**	**
Playground	20	***	27

* Because of multiple arrangements, some mothers appear in more than one arrangement category.

** Omitted because many in these cells felt they were already using such a facility, although some said they would change if "the new one" were nearer, or less expensive, etc.

*** Fewer than ten cases.

Table 6. Working mothers who would use a child care center by race and ages of children in family

Ages of Children in Family	White	Negro	Total
Only under 3			
Number	83	36	119
Percent	49	59	52
Only under 6			
Number	164	43	207
Percent	47	65	49
Under and over 6			
Number	228	112	340
Percent	39	72	50
Only over 6			
Number	208	53	261
Percent	40	68	46
Only over 9			
Number	161	25	186
Percent	34	48	36

Table 7. Percent distribution of white and non-white children

Arrangement	Total		Under $3,000	
	White %	Non-white %	White %	Non-white %
Total	100.0	100.0	100.0	100.0
Care in own home by...	45.6	42.7	37.0	43.0
Father	16.1	10.6	7.3	7.0
Other relative	19.0	26.8	23.6	32.5
Non-relative	10.5	5.3	6.1	3.4
Care in someone else's home by...	14.6	21.8	14.8	17.3
Relative	6.9	12.0	7.6	10.2
Non-relative	7.6	9.9	7/2	7.1
Other arrangements:				
Care in group care center	2.0	2.2	2.4	0.5
Child looked after self	7.6	9.7	11.3	0.6
Mother	29.9	22.4	34.1	28.3
Mother looked after child while working	14.2	8.6	25.8	15.0
Mother worked only during child's school hours	15.7	13.7	8.3	13.4
Other	0.4	1.2	0.2	0.3

by type of arrangement and family income. (Low & Spindler, 1965)

$3,000-5,999		$6,000-9,999		$10,000 and over	
White %	Non-white %	White %	Non-white %	White %	Non-white %
100.0	100.0	100.0	100.0	100.0	100.0
42.0	44.3	49.9	43.7	46.9	31.7
17.5	6.8	18.7	23.3	12.6	9.4
17.7	30.0	19.5	17.5	17.9	10.1
6.8	7.6	11.7	2.9	16.4	12.2
17.5	28.5	13.6	21.8	11.5	17.3
8.3	16.8	7.1	9.8	4.1	7.2
9.2	11.7	6.6	12.0	7.4	10.1
2.1	2.6	1.5	3.1	2.3	6.5
7.0	9.9	7.5	8.4	7.1	8.6
31.2	14.2	29.9	20.4	31.6	31.7
17.3	4.0	9.7	5.3	12.3	4.3
14.0	10.2	17.2	15.1	19.2	27.3
0.3	0.5	0.5	2.6	0.6	4.3

Table 8. Proportion of non-relative child care arrangements that are out-of-home by SES and race

From the Ruderman Survey, 1962

	White		Negro	
SES	Number	Percent	Number	Percent
Very low	202	35	187	66
Low	300	49	76	83
Moderate	229	36	25	84
High	90	52	16	67
Very High	21	30	4	*
High and Very High	111	46	20	56
Total	842	42	308	70

* Too few cases to percentage.

Table 9. Working mothers' child care arrangements by community

From the Ruderman Survey, 1962

Community	Percent of arrangements in-home	Percent care by relatives in or out of home	Percent care by non-relatives in or out of home (ex. centers)	Percent out-of-home care by non-relatives
Baltimore	72	65	19	11
Cleveland	76	67	19	11
Hartford	80	71	15	6
Memphis	70	62	30	13
Oakland	68	56	28	18
Providence	86	72	10	2
Caldwell	65	63	26	11

Table 10. Variations in percent distribution of child care arrangements in five divisions of Hennepin County

Child care arrangement	Percent children Area A	Percent children Area B	Percent children Area C	Percent children Area D	Percent children Area E	Percent children All Areas
In own home	67	75	61	54	39	63
In others' homes	23	10	29	40	39	26
Group care	5	4	0	3	12	4
Unsupervised	5	1	10	3	10	7
All categories	100	100	100	100	100	100

Table 10. Variations in percent distribution of child care arrangements in five divisions of Hennepin County

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Unsupervised	5	1	10	3	10	7
All categories	100	100	100	100	100	100

APPENDIX B

A STUDY OF PARENT ROLES IN DAY CARE PROGRAMS
FOR FIVE TYPES OF PROGRAM SPONSORSHIP

In preparation for the White House Conference on Childre, Dr. David Hoffman sent out over 2,500 questionnaires to day care programs. mostly publicly funded. The data were analyzed for the Day Care Policy Studies Group and results are published in Part II of this final report, Child Care Programs: Estimation of Impacts and Evaluation of Alternative Federal Strategies, Volume 1. The questionnaire itself is included in Appendix F in Volume 2 of that paper. Subsequently, Hoffman was able to include about 50 additional privately sponsored programs in his sample. Thus, while the sample was not selected according to probability sampling technique, it does include a selection of programs from most of the existing types of sponsorship for preschool programs. The new sample, consisting of a total of 265 responses that were sufficiently complete for analysis, was then analyzed according to five types of sponsorship. The results are presented here. The five types of sponsorship are (1) Head Start, (2) Public schools, (including many funded by Title 1 of the Elementary and Secondary Education Act), (3) other publicly funded programs (including Model Cities and OEO programs and state government sponsored programs), (4) private

non-profit programs (including day care sponsored by churches and private charitable agencies), and (5) private-for-profit day care centers. Family day care programs and industry-sponsored programs were not included in the sample.

Orientation and Rationale of Programs

Most programs of all types of sponsorship are oriented toward service (Table 1).* All of the publicly funded programs also emphasize training. The "other public" programs in the sample were much more heavily oriented toward research and demonstration than the others.

Differences in program rationale were coded according to whether the child, the family, the poverty cycle or a combination of the three were stressed in a brief paragraph written by each respondent. Interesting differences in rationale were found among the programs. Head Start and the other public programs stress the child and the family in their program rationale but do not often mention "cultural deprivation" or poverty. Programs sponsored by the public schools rarely mention the family, but stress the culturally deprived child. Private non-profit programs discuss the child and family. without mentioning poverty, while private proprietary programs discuss only the child in their rationales.

Resources for Parent Participation Programs

Table 3 give the percent of program budget allocated for parent participation for each type of program sponsorship. As can be seen,

*All tables are found at the end of this narrative.

there are wide variations in the resources each sponsor type devotes to such programs. Head Start and other public programs, which mention the family heavily in their rationales, devote 12% and 16% of their respective budgets to parent programs. Public schools, which do not stress the family in their program rationale, devote only 2% to parent activities, and proprietary programs have no budget for these activities. Although private non-profit programs do stress the importance of the family, only 5% of their budgets go for parents' programs.

Staff resources devoted to parent activities vary among program sponsors. Head Start and other public programs often have a special staff member for parent activities and special training for all staff in working with parents. Even though public schools and private nonprofit programs have small budgets for parent work, about a third have a special staff member to work with parents.

Characteristics of Families Served

Public programs in this sample, other than Head Start or school programs, appear to serve the largest percentage of families in poverty and minority group families. However, the majority of families in Head Start, as well as in the other public programs, earn less than $5,000 a year, and more than half the families in both types of programs are black. It is interesting that although the private-for-profit programs serve more middle-class families than the public programs, 40% of families in such centers earn less

than $3,000. The private non-profit programs in this sample have the most middle-class clients and the fewest poverty families of any type of program sponsorship, although they include a high percentage of single-parent families.

Constitution of Advisory and Policy Boards

Table 10 shows that Head Start has the highest percentage of parents on its boards (90%) of all other types of program sponsorship. Private non-profit, other public programs, and public schools also have a majority of parents on the boards that include parents (although some of these programs have additional boards that exclude parents). Most Head Start parent board members are directly elected. The other public programs sometimes elect parent board members directly by the group at large, but often smaller parent groups or committees elect representatives to the overall parent board. Parent board members in most non-profit organizations are also directly elected. For a substantial percentage (30%) of public school programs, parent-board representatives are not elected but are chosen by the director of the program. All parent representatives in the proprietary programs in this sample were chosen by the program director.

Many programs include several boards. In some cases, parents are in the majority on one board, but there is a board in higher authority that excludes parents. As can be seen in Table 8, more parents are included only on advisory boards than only on policy boards or

on both policy and advisory boards. Head Start, other public programs, and private non-profit programs have the most parents on policy boards. Most public school programs include parents on neither board, although Table 7 shows that the majority of these programs have some sort of governing board. It is interesting that private non-profit programs include the largest percentage of parents on policy boards than any other type of program.

Parents' Roles

The time at which parents are involved in planning for each type of program is shown in Table 9. The "other public" programs involve parents earliest -- 62% involved parents during or before the proposal writing stage for the program, compared to 55% for Head Start, 49% for the public schools, 10% for nonprofit programs, and 0% for proprietary programs. The majority of nonprofit programs did not involve parents until the program was well under way, perhaps reflecting the greater age of these programs.

Table 14 shows the degree of parents' responsibility for various policy-making and educational roles. Parents responsibility in each role was rated by the respondent from the least to the greatest, with a rating of "1" meaning that parents were primarily responsible for that function. As can be seen, none of the programs indicated that parents had primary responsibility for any of the five roles mentioned. Parents in Head Start programs seem to have more responsibility for policy making than parents in other programs.

Ratings of 2.2 and 2.5 for administration and staff selection for Head Start parents indicate that parents share some of the responsibility for these decision areas with staff and program directors. Parents in other public programs and in private non-profit programs are closer to an advising than a sharing role in responsibility for administration and staff selection. Parents in public school programs and in private-for-profit programs have almost no responsibility for administration of the program and staff selection.

Parents' role in educational policy and in teaching are indicated by the items "developing teaching materials", teaching others' children," and teaching own children" on Table 14. Parents generally have somewhat less responsibility for developing teaching materials than for administration or staff selection. Parents give advice on teaching materials in Head Start and other public programs, but have almost no responsibility in private programs. The item entitled "teaching others' children" would seem to indicate teaching responsibility within the program. Here Head Start parents and parents in other public programs have a role that is intermediate between sharing responsibility and advising formally. However, parents in other kinds of programs seem to have little responsibility for teaching within the program.

Several programs indicate that parents have considerable responsibility for teaching their own children. Head Start, other public programs, and private non-profit programs all indicate that parents

share responsibility for this role.

Summary

Although parents in private non-profit day care usually represent a majority on the boards of their programs, and usually are elected by other parents, their role in program administration seems to be more of an advisory one and less a matter of sharing responsibility than in Head Start or other programs. Possibly a reason for this is the greater percentage of middle-class families served by these programs. Another reason may be that many of these programs have been in operation for many years, and the current generation of parents has had little opportunity to participate in the formulation of objectives and policies.

Although a majority are in poverty, parents in Head Start and other public programs seem to have considerable formal power and share responsibility for many administrative and educational decisions. However, on the average, these programs do not give parent boards primary responsibility for any of the decision areas mentioned in the questionnaire. Even though parents are involved very early in program planning for Head Start and other public programs, most share responsibility with staff for administrative decision making.

Day care programs connected with public schools give parents less formal power and less responsibility for administrative and educational decision making than any type of program except the private-

for-profit programs. Many of the former programs do not have boards that include parents, and when parents are included they are often selected by the director, rather than elected by other parents. They advise formally, or their opinions are solicited on administrative and educational questions, but they are not considered to share real responsibility for these decisions. Possibly a reason for this is found in the rationale of the programs, which emphasizes the culturally deprived child but does not stress the family as a whole.

It is interesting to contrast the private non-profit programs with the programs connected with schools, since both devote less than five percent of their budgets to parent activities. Even though both have small allowances for parent activities, parents in private non-provit programs are more likely to be represented on boards and to have a formal advisory role, in addition to sharing responsibility for teaching their own children.

There appears to be little room for parent involvement in private proprietary centers. Whether the exclusion of parents is inherent in the management structure of these programs or is simply a matter of tradition and convenience is not apparent from these data.

PARENT PARTICIPATION QUESTIONNAIRE ANALYSIS
Updated Sample - December 9, 1971

Sample by Funding Agency:

Head Start Programs= 30
Public School Programs= 75
Other Public Funded Programs= 110

Total Public Programs= 215

Private-Non-profit Programs= 33
Private-Profit Programs= 32

Total Private Programs= 65

Total Programs= 265

Table 1. Program Orientation: "Any mention of" (%) (Question I-F)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
1= Research	13.2	14.6	63	0	3.1
2= Demonstration	6.6	17.3	72.8	0	21.7
3= Service	100.0	74.5	50.0	100.0	65.1
4= Training	52.8	33.0	45.5	3.0	6.2

Table 2. Rationale of Program (%) (Questions I-G and H)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
1= Stress on Child Only	6.6	43.9	13.65	78	18.6
2= Stress on Family Only	0	0	40.5	9	27.9
3= Mention of cultural deprivation/poverty only	0	2.7	0	0	0
4= 1+2	52.8	1.3	31.9	6	46.5
5= 1+3	13.2	41.2	0	0	3.1
6= 2+3	0	0	0	0	3.1
7= 1+2+3	26.4	9.3	14.6	6.0	0

Table 3. % Budget for Parent Group Activity (direct and indirect) (Questions I-M1)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
Percent	12%	2%	16%	0	5%

Table 4. Ethnic Groups (%) (Question II-B3)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
a. black	58	40	62	33	18
b. Spanish American (Mexican, Spanish, Puerto Rican)	12	7	9	5	11
c. Caucasion	25	51	23	58	67
d. Oriental	2	0	2	2	1
e. other (Indian, Hawaiian, Eskimo,etc.)	3	2	4	2	3

Table 5. Income Level of Participants (%) (Question II-B4)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
Under $3,000	40	36	55	40	30
$3-5,000	50.5	42	29	13	10
$5-8,000	6	10	13.5	15	18
$8-10,000	2	4	1	15	20
$10-12,000	1	5	1	12	12
over $12,000	0.5	3	0.5	5	10

Table 6. Percent One Parent Families (Question II-C1)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
Percent	45	17	55	38	46

Table 7. Kind of Committee or Board (%) (Including "no responses" as "neither") (Question III-A1)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
1= Advisory Board	23	45	35	1	60
2= Policy Board	27	24	20	11	11
3= Both	50	0	15	0	9
4= Neither	0	31	30	88	20

Table 8. For Programs That have a Board, Which Board are Parents on?* (%) (Question III-A2)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
1= Advisory only	43	18	40	1	30
2= Policy only	22	13	20	3	27
3= Both	17	5	17	0	16
4= Neither	18	64	23	96	27

*The number of respondents for this question was somewhat smaller than the number for the previous question, which accounts for percentages that are inconsistent with previous table.

Table 9. Time of Parent Involvement (Percent & Cumulative Percent) (Question III-B)

	Head Start		Public Schools		Other Public		Private-Profit		Private-Non-Profit	
	%	Cum%	%	Cum%	%	Cum%	%	Cum%	%	Cum%
1. Before program goals were set	25	25	20	20	39	39	0	0	2	2
2. During proposal writing stage	30	55	9	29	23	62	0	0	8	10
3. After funding, before operation	18	73	4	33	9	71	0	0	9	19
4. Soon after program began	8	81	3	36	4	75	1	1	24	43
5. After program well underway	1	82	0	36	2	77	3	4	30	73
6. Parents never became involved	18	-	64	-	23	-	96	-	27	-

Table 10. % of Advisory Board Made up of Parents (Question III-E)
(for those that have Advisory Board with parents on it)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
Percent	90	52	63	20	70

Table 11. Means of Selection (%) (Question III-G)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
1= Election	90	12	45	0	65
2= Selected by director	0	30	5	100	20
3= Selection by non-parent board members	0	13	2	0	0
4= Parent Groups	0	42	25	0	10
5= Other	10	3	23	0	5

Table 12. Newsletter (Question IV-B1)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
Percent Yes	70	68	60	1	75

Table 13. Who Writes the Newsletter? (%) (Question IV-B2)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
1= Staff	52	80	46	100	60
2= Parents	20	5	17	0	9
3= Both	28	15	37	0	31

Table 14. Degree of Parent Roles (%)

Code Closest Number on Scale:
1= Parents primarily responsible
2= Parents share responsibility
3= Parents advise formally
4= Parents opinions solicited
5= No parent participation

(Question IV-C)

	Head Start	Public Schools	Other Public	Private-Profit	Private Non-Profit
C1 Administration of program	2.2	3.8	2.9	4.8	3.0
C2 Selecting Staff	2.5	4.0	3.0	5.0	3.2
C3 Developing teaching materials	3.0	3.4	3.6	5.0	4.2
C4 Teaching others children	2.7	3.5	2.8	4.9	3.5
C5 Teaching own children	2.0	3.0	2.0	4.8	2.1

Table 15. Staff Preparation to Work with Parents (%) (Question V-E)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
1= Training specifically designed for purpose	51	18	22	0	29
2= Types of training which seem more general in purpose i.e., staff meetings	39	76	74	6	45
3= No staff training for working with parents	10	6	4	94	26

Table 16. Is there a Specific Staff Member Assigned to Parents? (%) (Question V-E1)

	Head Start	Public Schools	Other Public	Private-Profit	Private-Non-Profit
1= Social Worker	60	10	23	3	6
2= A staff member with parents as major responsibility	33	39	66	0	30
3= A staff member with parent activities as one of several assignments, e.e., teachers	6	16	6	10	22
4= No specific staff	1	35	5	87	42

APPENDIX C

COMMUNITY-ORIENTED DAY CARE

This appendix contains a description of a model state-federal administrative system for community-oriented, center-based day care. The model was designed at a workshop on day care delivery systems held by the Day Care Policy Studies Group.

The study group that designed the system was led by Mrs. Cynthia Jones, vice president of Parent Cooperative Preschools International, and was attended mainly by people active in community day care and Head Start.

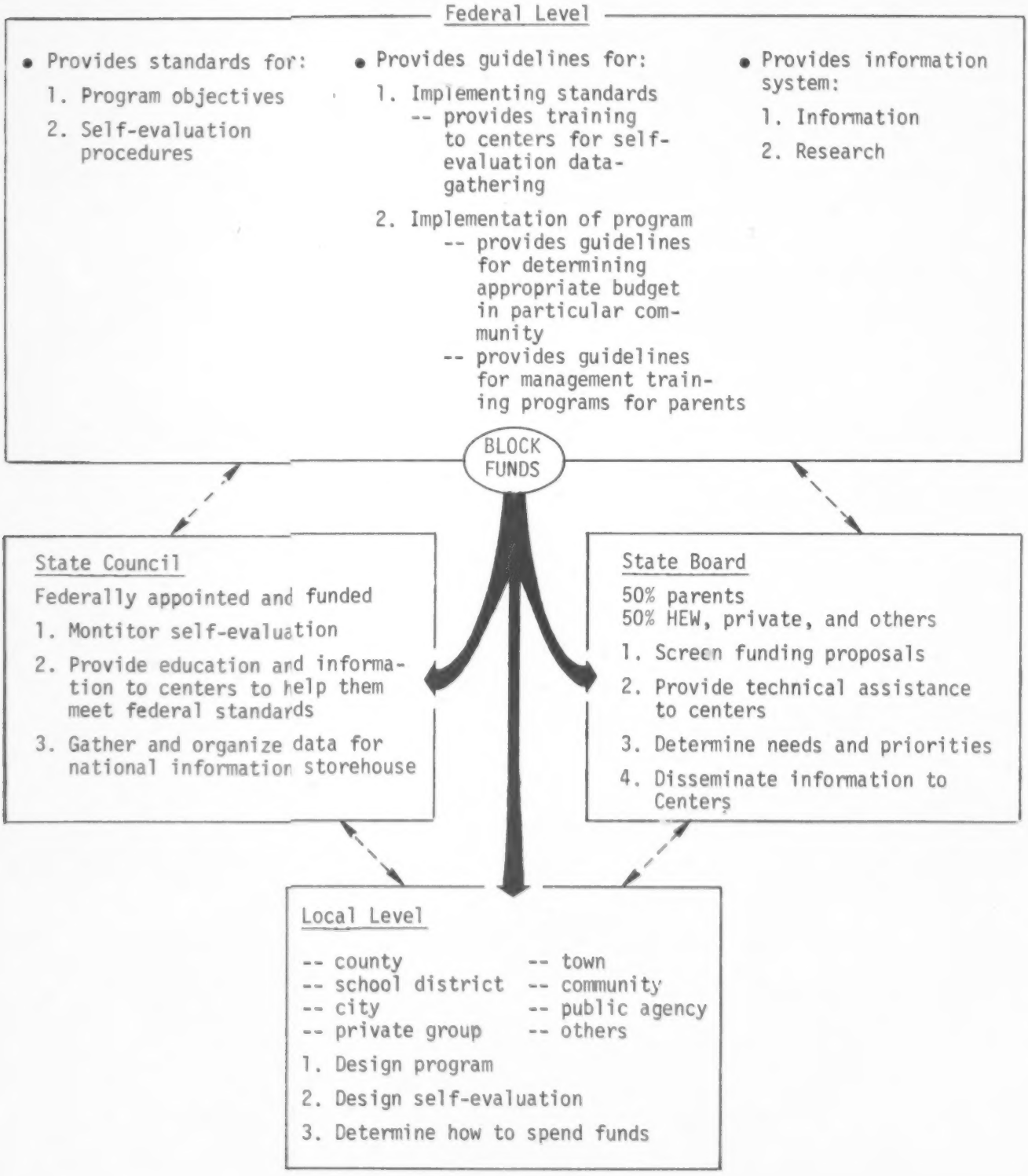
The recommendations implicit in the model were based on the consensus of the study group, and are not the official recommendations of the Day Care Policy Studies Group.

COMMUNITY-ORIENTED DAY CARE

In discussing the administrative structure that community-oriented day care should have, two general approaches were favored by the group that designed the model presented below. The first approach was to experiment with a variety of different programs and structures, including the voucher system and a mixture of several funding sources. The second approach, and the one the majority of the study group approved, was to build a direct link between the federal and local levels; this link would establish direct funding between these levels, but would allow monitoring, coordination, and review to be done at the state level. The group defined local levels (similar to the definition used in the Brademus bill) to include a county, a school district, a city, a town, a community, a public agency, a private group, or any other interested group. Universal standards would be established at the federal level, and any local group could apply to the federal government for funding and could be funded if they met federal standards, whether the group was public or private (see diagram).

In this model system, all proposals for funding would be screened by a state board, half of which would consist of parents -- at least one parent from each center -- and half of which would be

ADMINISTRATIVE AND FUNDING SCHEDULE


Federal Level
• Provides standards for:
1. Program objectives
2. Self-evaluation procedures
• Provides guidelines for:
1. Implementing standards
-- provides training to centers for self-evaluation data-gathering
2. Implementation of program
-- provides guidelines for determining appropriate budget in particular community
-- provides guidelines for management training programs for parents
• Provides information system:
1. Information
2. Research
BLOCK FUNDS
State Council
Federally appointed and funded
1. Montitor self-evaluation
2. Provide education and information to centers to help them meet federal standards
3. Gather and organize data for national information storehouse
State Board
50% parents
50% HEW, private, and others
1. Screen funding proposals
2. Provide technical assistance to centers
3. Determine needs and priorities
4. Disseminate information to Centers
Local Level
-- county
-- school district
-- city
-- private group
-- town
-- community
-- public agency
-- others
1. Design program
2. Design self-evaluation
3. Determine how to spend funds

made up by representatives of HEW, agencies, private day care centers, and so forth. As a safety precaution, if the board should table or refuse to act on a funding proposal it was screening, the local group would have the option, after a specified time, to apply directly to the federal level for funds. Besides screening funding proposals, this board would provide technical assistance to the centers, determine needs and priorities, and disseminate relevant information to day care centers.

A council of some kind, operating on the state level but appointed and paid for by federal funds, would provide monitoring functions. The council, since it would be appointed and salaried at the federal level, would not be subject to state or local politics; thus the state government essentially would be removed from influence in this system. Functions of the council would include monitoring federal standards, as well as providing education and information to the centers to help them meet federal standards. It would also check centers' self-evaluation (explained below) to determine whether they were evaluating themselves adequately and would gather and organize data about day care to pass on to a national information storehouse.

The federal government, besides providing funding, would set standards for program objectives and for self-evaluation procedures, provide guidelines for implementing standards and programs, and provide an information system that would be a national

storehouse for information and data relevant to day care, which it would dispense through the state board to the local level. The study group determined that there could be a management information system only if it was responsive to the local level first -- to insure local flexibility -- and then to the federal level.

In the discussion of the workshop group, dissemination of previous research was considered as important as collecting data. But the group emphasized that research still needs to be done at the federal level on all aspects of day care; this would include the evaluation of previous research. There should be more research on the effects on children of parents' participation in policy decisions, and on ways of making policy participation more effective and efficient. Research into the techniques and problems of training parents to participate in the evaluation and information system of the program would be invaluable.

Research should also be done on the behavior, attitudes, and so on, of parents not currently involved in day care. Helping parents understand how to be good parents could begin as early as high school. Not nearly enough advantage is being taken of parents' assistance in research and monitoring. Through being involved in information gathering and the evaluation of their programs, parents would generate information that could be used as research data.

In considering the question of evaluation, the group established a system of monitoring by self-evaluation. They decided that there should be a self-evaluation program in which centers could evaluate themselves, using parents as resources; the group would set up objectives for themselves, and would evaluate their success in meeting them. Also, as noted, there would be an external evaluation of this internal monitoring.

Any prospective center would have to include in its funding proposal a design for its own self-evaluation. It was suggested that a consulting service be used to help new centers teach parents how to evaluate a program and that parents be involved in the standards and licensing committees. This would not only provide learning experiences for parents, but would also develop invaluable resources for centers.

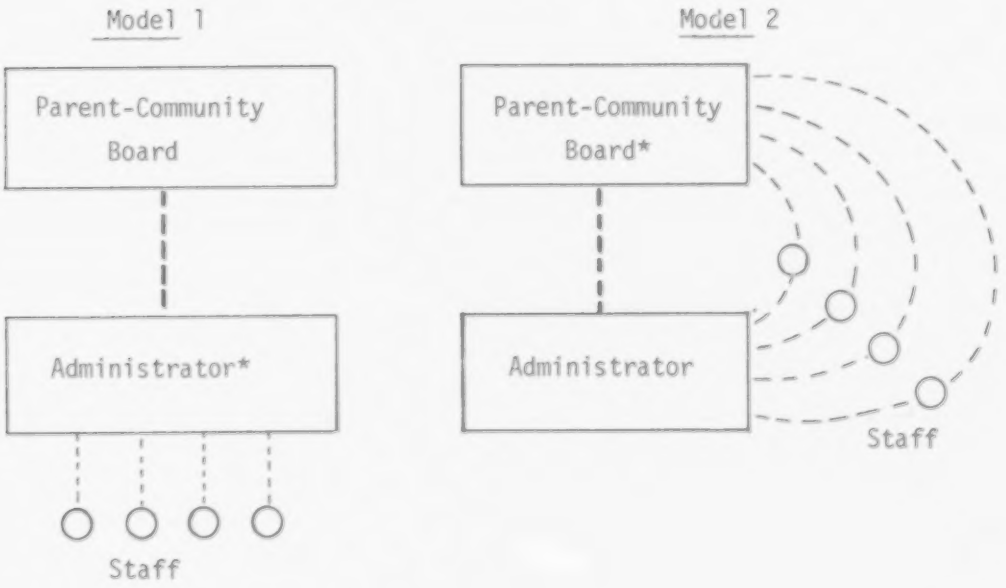
Centers would be funded on the basis of whether their objectives would fall within the "universal standards" set by federal authority, whether it was possible for them to meet the federal standards, and whether the centers would have the means of evaluating their objectives. Further monitoring would consist of a check by the state council to determine if groups were following through with their evaluation plan and whether they were evaluating themselves adequately. The federally determined "universal standards" would provide standards for both the operation and the evaluation of the program. Any center that met

this set of standards would get a block grant that could be spent however it felt most appropriate.

The expansion system developed by this part of the workshop depended heavily on local initiative to meet federal standards. The plans would have to be reapproved each year to get further funding.

Two models were developed for managing centers at the local level. A center could adopt either one depending on its needs.

Management Models



* Makes decisions about program design, staff, operation, training.

The first management model gives the administrator primary decision-making powers. The parent board hires the administrator, and he in turn hires the staff, and makes primary decisions about program, operations, training of staff, etc. The parent board can have varying degrees of influence on those decisions.

Model 2 gives the parent board primary decision-making responsibility. The board appoints the administrator, and then usually appoints a personnel board, consisting of members of the parent board, that works with the administrator in hiring and firing staff, or does it independently of the administrator. The group felt that the parent board can require that there be parent participation whenever feasible. Services should be available to train parents to be able to participate actively in decision making.

The board should consist of members of the community, as well as parents, primarily serving as members at large. In rural areas, special problems present themselves where parents live far from each other and far from the centers. In these areas, Model 1, in which the administrator has major decision-making powers, might become the most common because of difficulties in meeting frequently.

The group concluded the optimum size for a center would be between 15 to 60 children (this includes infants in satellite homes). No

more than 40 children should be in a preschool program, and no more than 30 in a school-age program at a time. The optimum size would depend on comprehensiveness of services. Health and dental services should not be provided for more than 90 children. Children from all income categories should be able to receive day care; optimum interaction and learning occurs when there is a mix within each center of income background, ethnic group, and so on.

In determining the costs and budgets for centers, and the amount that should be charged per child, the group felt that centers should each determine their own budget and costs on the basis of local conditions, prices, etc. However, the federal govenment has the responsibility of developing guidelines that the local group can use to determine budget and allocation as well as training local people to be able to determine their own budget. Funds would be provided as a block grant, however, to be allocated as the group decides. Whenever possible, fees should be based on a sliding fee scale. Costs, of course, vary according to what services are offered. With the block grant, which can be spent however the group decides (as long as the center meets the standards), it is not necessary to plan on a national level what proportion of funds should go for such things as construction, management, etc.

In order to keep costs down in the event of a national expansion program, it may be necessary to set ceilings on costs per child -- making adjustments for urban-rural variations, differences in costs in geographic areas, etc. The centers would help by not spending over their budget, following federal guidelines when relevant, and using sliding scales. A sudden national expansion program would not cause as many problems under the community plan as under other approaches in which the government has to help develop, encourage, and administer centers. In the community-oriented day care plan, the federal government develops universal standards and the state council develops guidelines for meeting those standards. A group works out its plan before it applies for funding and if it can meet the standards, it receives funding. Plans can include beginning a center, improving or expanding an existing plan, a projected building, and so forth. Evaluation, both internal and external, is built into the plan as well.

The members of the study group discussed what they consider the major problems that have troubled community day care in the past. The inability to combine parent and staff expertise was considered the major problem. The physical facility provided the second greatest problem, especially in regard to meeting standards. Day care also runs the risk of becoming a political issue in a community. The next problem discussed was the

insecurity of staff members who work with a parent board. The need to have day care directors trained in management was discussed, as was the need to train staff to do evaluation and some administration. It is currently difficult getting funding for training. The system proposed here would provide for training, as well as help and guidelines to centers in meeting standards, planning, and implementation.

The cost of operating a community operated day care center depends, of course, on what services are offered. The figures of this study group are based on figures from community programs, with emphasis on the costs of the Christian Action Ministry programs; services included in this cost breakdown include medical and dental services, a child/teacher ratio of 1 to 5, after-school infant care, educational aids, and lunch. Costs also depend on the necessity of building or renovating a structure. The figures in this discussion are based on day care for approximately 30 children. The renovating of an existing building would probably cost $15,000; equipment and training for the staff would probably cost another $10,000 more -- a total cost of about $25,000 over a six month period. To operate for the next six months would probably cost $35-40,000 for the 30 children, at the rate of $2,500 per child per year. That is a first-year cost of about $60,000. The second-year renovation would be $75-85,000. If it is necessary to build a building,

and the center does not use the mortgage plan, it would probably cost a minimum of $65,000. Equipment and training would cost $10,000, operating costs for the children for six months would be $35,000. The totals would be approximately $110,000 for the first year and $75-85,000 for the second year -- about the same as the costs for renovating.

The study group concluded that parent participation did not actually reduce the costs of a program; it is necessary to pay more for excellent teachers, which parents demand. Therefore, the training of the parents and the higher paid teacher might offset any actual dollar gain through the parents participating.

Review

Perhaps the most oustanding features of this community-oriented day care structure are the strong provisions for training parent and staff -- especially the provisions at the federal level -- and the system of self-evaluation in cooperation with the monitoring of a federally appointed state council. These features should assist in preventing the structure from becoming unwieldy and, the study group hopes, prevent it from being a pawn of politics. This structure also can function for many forms of day care -- proprietary, public, community, etc. -- all of which can exist at the same time, with the sole stipulation that they meet universal federal standards. The structure also has a strong information and data gathering, storing, and

dissemination component, which operates at all three levels. Flexibility at the level of the center itself is assured by allowing each center to adopt either of the two management models, or perhaps degrees of each, depending on circumstances. In addition to these elements, the model provides for guidelines and assistance at the federal and state levels in meeting standards, in planning, and in implementation.